

2019 Sep-09 PM 04:07  
U.S. DISTRICT COURT  
N.D. OF ALABAMAW.C. Holman

(INSTITUTION)

## SEGREGATION UNIT RECORD SHEET

INMATE NAME: Maples CoreyAIS NO: W2624CELL: G-26VIOLATION  
OR REASON: \_\_\_\_\_ADMITTANCE  
AUTHORIZED BY: \_\_\_\_\_DATE & TIME  
RECEIVED: \_\_\_\_\_DATE & TIME  
RELEASED: \_\_\_\_\_PERTINENT  
INFORMATION: \_\_\_\_\_

| DATE  | SHIFT | MEALS |   |   | SH | EXERCISE | MEDICAL<br>VISIT | PSYCH<br>VISIT | COMMENTS* | OIC SIGNATURE |
|-------|-------|-------|---|---|----|----------|------------------|----------------|-----------|---------------|
|       |       | B     | D | S |    |          |                  |                |           |               |
| 6-29  | MORN  | X     |   |   |    |          |                  |                |           | NM            |
|       | DAY   |       |   |   |    |          |                  |                |           |               |
|       | EVE   |       |   | Y |    |          |                  |                |           | NM            |
| 6-30  | MORN  | Y     |   |   |    |          |                  |                |           | DZ            |
|       | DAY   |       | ✓ |   |    | N        |                  |                |           | ED            |
|       | EVE   |       |   | ✓ |    |          |                  |                |           | ED            |
| 7/1   | MORN  | ✓     |   |   |    |          |                  |                |           | RB            |
|       | DAY   |       | ✓ |   |    |          |                  |                |           | RB            |
|       | EVE   |       |   | ✓ |    |          |                  |                |           | RB            |
| 7/2/4 | MORN  | ✓     |   |   |    |          |                  |                |           | J.H.          |
|       | DAY   |       | ✓ |   |    |          |                  |                |           | AM            |
|       | EVE   |       |   |   |    |          |                  |                |           |               |
| 7/3   | MORN  | ✓     |   |   |    |          |                  |                |           | CA            |
|       | DAY   |       |   |   |    |          |                  |                |           | 37            |
|       | EVE   |       |   |   |    |          |                  |                |           |               |
| 7/4   | MORN  | Y     |   |   | Y  |          |                  |                |           | AW            |
|       | DAY   |       |   |   |    | N        |                  |                |           | W             |
|       | EVE   |       |   | Y |    |          |                  |                |           | W             |
| 7/5   | MORN  | ✓     |   |   |    |          |                  |                |           | RB            |
|       | DAY   |       | ✓ |   |    | N        |                  |                |           | ED            |
|       | EVE   |       |   | ✓ |    |          |                  |                |           | ED            |

Pertinent Info: I.e., Epileptic; Diabetic; Suicidal; Assaultive; etc.

Meals/SH: Shower- Yes (Y); No (N); Refused (R)

Exercise: Enter Actual Time Period and Inside or Outside (i.e.,  
9:30/10:00 IN; 2:00/2:30 OUT)

Medical: Physician will sign each time the inmates is seen.

Psych: Psychological Counselor will sign each time the inmate is seen.

Comments: I.e., Conduct; Attitude, etc. \*Use reverse side for additional comments  
and include date, signature, and title.

OIC Signature: OIC must sign all record sheets each shift.

Attachment 5 - HCF SOP 12-12

DOC FORM N912

2014

W.C. Holman

(INSTITUTION)

## SEGREGATION UNIT RECORD SHEET

INMATE NAME: Maples, CoreyAIS NO: W-21024 CELL: G-210

VIOLATION OR REASON: \_\_\_\_\_

ADMITTANCE AUTHORIZED BY: \_\_\_\_\_

DATE &amp; TIME RECEIVED: \_\_\_\_\_

DATE &amp; TIME RELEASED: \_\_\_\_\_

PERTINENT INFORMATION: \_\_\_\_\_

| DATE  | SHIFT | MEALS |   |   | SH | EXERCISE | MEDICAL VISIT | PSYCH VISIT | COMMENTS* | OIC SIGNATURE |
|-------|-------|-------|---|---|----|----------|---------------|-------------|-----------|---------------|
|       |       | B     | D | S |    |          |               |             |           |               |
| 12/21 | MORN  | ✓     |   |   |    |          |               |             |           | <u>W</u>      |
|       | DAY   |       |   |   |    |          |               |             |           |               |
|       | EVE   |       |   | ✓ |    |          |               |             |           | <u>W</u>      |
| 12/22 | MORN  |       |   |   |    |          |               |             |           |               |
|       | DAY   |       | ✓ |   |    |          |               |             |           | <u>nm</u>     |
|       | EVE   |       |   | ✓ |    |          |               |             |           | <u>nm</u>     |
| 12/23 | MORN  | ✓     |   |   |    |          |               |             |           | <u>AE</u>     |
|       | DAY   |       |   |   |    |          |               |             |           |               |
|       | EVE   |       |   |   | ✓  |          |               |             |           |               |
| 12/24 | MORN  | ✓     |   |   |    |          |               |             |           | <u>CS</u>     |
|       | DAY   |       | ✓ |   |    |          |               |             |           | <u>CS</u>     |
|       | EVE   |       |   | ✓ |    |          |               |             |           | <u>CS</u>     |
| 12/25 | MORN  | ✓     |   |   |    |          |               |             |           | <u>CS</u>     |
|       | DAY   |       |   |   |    |          |               |             |           |               |
|       | EVE   |       |   | ✓ |    |          |               |             |           | <u>CS</u>     |
|       | MORN  |       |   |   |    |          |               |             |           |               |
|       | DAY   |       |   |   |    |          |               |             |           |               |
|       | EVE   |       |   |   |    |          |               |             |           |               |
|       | MORN  |       |   |   |    |          |               |             |           |               |
|       | DAY   |       |   |   |    |          |               |             |           |               |
|       | EVE   |       |   |   |    |          |               |             |           |               |

Maples - DOC

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W.C. Holman

(INSTITUTION)

## SEGREGATION UNIT RECORD SHEET

2014

INMATE NAME: Maples CoreyVIOLATION  
OR REASON:DATE & TIME  
RECEIVED:PERTINENT  
INFORMATION:AJS NO: W2624CELL: G-26ADMITTANCE  
AUTHORIZED BY:DATE & TIME  
RELEASED:

| DATE  | SHIFT | MEALS |   |   | SH | EXERCISE | MEDICAL<br>VISIT | PSYCH<br>VISIT | COMMENTS* | OIC SIGNATURE |
|-------|-------|-------|---|---|----|----------|------------------|----------------|-----------|---------------|
|       |       | B     | D | S |    |          |                  |                |           |               |
| 12/15 | MORN  |       |   |   |    |          |                  |                |           |               |
|       | DAY   |       |   |   |    |          |                  |                |           |               |
|       | EVE   |       |   |   |    |          |                  |                |           |               |
| 12/16 | MORN  |       |   |   |    |          |                  |                |           |               |
|       | DAY   |       |   |   |    |          |                  |                |           |               |
|       | EVE   |       |   |   |    |          |                  |                |           |               |
| 12/17 | MORN  |       |   |   |    |          |                  |                |           |               |
|       | DAY   |       |   |   |    |          |                  |                |           |               |
|       | EVE   |       |   |   |    |          |                  |                |           |               |
| 12/18 | MORN  |       |   |   |    |          |                  |                |           |               |
|       | DAY   |       |   |   |    |          |                  |                |           |               |
|       | EVE   |       |   |   |    |          |                  |                |           |               |
| 12/19 | MORN  |       |   |   |    |          |                  |                |           |               |
|       | DAY   |       |   |   |    |          |                  |                |           |               |
|       | EVE   |       |   |   |    |          |                  |                |           |               |
|       | MORN  |       |   |   |    |          |                  |                |           |               |
|       | DAY   |       |   |   |    |          |                  |                |           |               |
|       | EVE   |       |   |   |    |          |                  |                |           |               |
|       | MORN  |       |   |   |    |          |                  |                |           |               |
|       | DAY   |       |   |   |    |          |                  |                |           |               |
|       | EVE   |       |   |   |    |          |                  |                |           |               |

Pertinent Info: i.e., Epileptic; Diabetic; Suicidal; Assaultive; etc.

Meals: Yes (Y), No (N), Refused (R)

Exercise: Enter actual Time Period and Inside or Outside (i.e., 8:00 AM IN; 2:00 PM OUT)

Medical: Physician will sign each time the inmate is seen.

Psych: Psychological Counselor will sign each time the inmate is seen.

Comments: Use reverse side for additional comments and include date, signature, and title.

OIC Signature: OIC must sign all record sheets each shift.

W.C. Holman

(INSTITUTION)

## SEGREGATION UNIT RECORD SHEET

INMATE NAME: Maples, CoreyAIS NO: W-21024 CELL: G-210

VIOLATION OR REASON: \_\_\_\_\_

ADMITTANCE AUTHORIZED BY: \_\_\_\_\_

DATE &amp; TIME RECEIVED: \_\_\_\_\_

DATE &amp; TIME RELEASED: \_\_\_\_\_

PERTINENT INFORMATION: \_\_\_\_\_

| DATE  | SHIFT | MEALS |   |   | SH | EXERCISE | MEDICAL VISIT | PSYCH VISIT | COMMENTS* | OIC SIGNATURE |
|-------|-------|-------|---|---|----|----------|---------------|-------------|-----------|---------------|
|       |       | B     | D | S |    |          |               |             |           |               |
| 12/7  | MORN  | ✓     |   |   |    |          |               |             |           | CS            |
|       | DAY   |       |   |   |    |          |               |             |           |               |
|       | EVE   |       |   | ✓ | ✓  |          |               |             |           | CS            |
| 8     | MORN  | ✓     |   |   |    |          |               |             |           | CS            |
|       | DAY   |       |   |   |    |          |               |             |           |               |
|       | EVE   |       |   |   |    |          |               |             |           |               |
| 9     | MORN  | ✓     |   |   |    |          |               |             |           | CS            |
|       | DAY   |       |   |   |    |          |               |             |           | CS            |
|       | EVE   |       |   |   |    |          |               |             |           |               |
| 12/10 | MORN  | ✓     |   |   |    |          |               |             |           | CS            |
|       | DAY   |       |   |   |    |          |               |             |           | CS            |
|       | EVE   |       |   |   |    |          |               |             |           |               |
| 12/11 | MORN  | ✓     |   |   |    |          |               |             |           | JK            |
|       | DAY   |       |   |   |    |          |               |             |           | CS            |
|       | EVE   |       |   |   |    |          |               |             |           |               |
| 12/13 | MORN  | ✓     |   |   |    |          |               |             |           | WG            |
|       | DAY   |       |   |   |    |          |               |             |           | CS            |
|       | EVE   |       |   |   |    |          |               |             |           |               |

Pertinent Info: i.e., Epileptic; Diabetic; Suicidal; Assaultive; etc.

Meals/ SH: Shower- Yes (Y); No (N); Refused (R)

Maples - DOC

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**W.C. Holman**

(INSTITUTION)

2014

**SEGREGATION UNIT RECORD SHEET**INMATE NAME: Maples CoreyVIOLATION  
OR REASON:DATE & TIME  
RECEIVED:PERTINENT  
INFORMATION:AIS NO: W2624CELL: G-26ADMITTANCE  
AUTHORIZED BY:DATE & TIME  
RELEASED:

| DATE  | SHIFT | MEALS<br>B D S | SH | EXERCISE | MEDICAL<br>VISIT | PSYCH<br>VISIT | COMMENTS* | OIC SIGNATURE |
|-------|-------|----------------|----|----------|------------------|----------------|-----------|---------------|
| 11/30 | MORN  | ✓              |    |          |                  |                |           | AL            |
|       | DAY   |                |    |          |                  |                |           |               |
|       | EVE   |                |    |          |                  |                |           |               |
| 12/1  | MORN  | ✓              |    |          |                  |                |           | AL            |
|       | DAY   |                |    |          |                  |                |           |               |
|       | EVE   |                |    |          |                  |                |           |               |
| 12/2  | MORN  |                |    |          |                  |                |           | FS            |
|       | DAY   |                |    |          |                  |                |           |               |
|       | EVE   |                |    |          |                  |                |           |               |
| 12/3  | MORN  |                |    |          |                  |                |           | FS            |
|       | DAY   |                |    |          |                  |                |           |               |
|       | EVE   |                |    |          |                  |                |           |               |
| 12/4  | MORN  | ✓              |    |          |                  |                |           | AL            |
|       | DAY   | ✓              |    |          |                  |                |           |               |
|       | EVE   |                |    |          |                  |                |           |               |
| 12/5  | MORN  | ✓              |    |          |                  |                |           | FS            |
|       | DAY   | ✓              |    |          |                  |                |           |               |
|       | EVE   |                |    |          |                  |                |           |               |
| 12/6  | MORN  | ✓              |    |          |                  |                |           | FS            |
|       | DAY   | ✓              |    |          |                  |                |           |               |
|       | EVE   |                |    |          |                  |                |           |               |

Pertinent Info: i.e., Epileptic; Diabetic; Suicidal; Assaultive; etc.

Meals: CH: Check Yes (Y), No (N), Refused (R)

Exercise: Enter Actual Time Period and Inside or Outside (i.e., 8:00-10:00 IN; 2:00-2:30 OUT)

Medical: Physician will sign each time the inmate is seen.

Psych: Psychological Counselor will sign each time the inmate is seen.

Comments: Use reverse side for additional comments and include date, signature, and title.

OIC Signature: OIC must sign all record sheets each shift.

W.C. Holman

(INSTITUTION)

## SEGREGATION UNIT RECORD SHEET

INMATE NAME: Maples, CoreyAIS NO: W-21024 CELL: G-210VIOLATION  
OR REASON: \_\_\_\_\_ADMITTANCE  
AUTHORIZED BY: \_\_\_\_\_DATE & TIME  
RECEIVED: \_\_\_\_\_DATE & TIME  
RELEASED: \_\_\_\_\_PERTINENT  
INFORMATION: \_\_\_\_\_

| DATE  | SHIFT | MEALS |   |   | SH | EXERCISE | MEDICAL<br>VISIT | PSYCH<br>VISIT | COMMENTS* | OIC SIGNATURE |
|-------|-------|-------|---|---|----|----------|------------------|----------------|-----------|---------------|
|       |       | B     | D | S |    |          |                  |                |           |               |
| 11/23 | MORN  | ✓     |   |   |    |          |                  |                |           | <u>W</u>      |
|       | DAY   |       |   |   |    |          |                  |                |           |               |
|       | EVE   |       |   | ✓ |    |          |                  |                |           | <u>W</u>      |
| 11/24 | MORN  | ✓     |   |   |    |          |                  |                |           | <u>W</u>      |
|       | DAY   |       |   |   |    |          |                  |                |           |               |
|       | EVE   |       |   | ✓ |    |          |                  |                |           | <u>W</u>      |
| 11/25 | MORN  | ✓     |   |   |    |          |                  |                |           | <u>W</u>      |
|       | DAY   |       |   |   |    |          |                  |                |           |               |
|       | EVE   |       |   | ✓ | ✓  |          |                  |                |           | <u>W</u>      |
| 11/26 | MORN  | ✓     |   |   |    |          |                  |                |           | <u>W</u>      |
|       | DAY   |       |   |   |    |          |                  |                |           |               |
|       | EVE   |       |   | ✓ |    |          |                  |                |           | <u>W</u>      |
| 11/27 | MORN  | ✓     |   |   |    |          |                  |                |           | <u>W</u>      |
|       | DAY   |       |   |   |    |          |                  |                |           |               |
|       | EVE   |       |   | ✓ | ✓  |          |                  |                |           | <u>W</u>      |
| 11/28 | MORN  | ✓     |   |   |    |          |                  |                |           | <u>W</u>      |
|       | DAY   |       |   |   |    |          |                  |                |           |               |
|       | EVE   |       |   | ✓ |    |          |                  |                |           | <u>W</u>      |
|       | MORN  |       |   |   |    |          |                  |                |           |               |
|       | DAY   |       |   |   |    |          |                  |                |           |               |
|       | EVE   |       |   |   |    |          |                  |                |           |               |

Pertinent Info: i.e., Epileptic; Diabetic; Suicidal; Assaultive; etc.

Meals/ SH: Shower- Yes (Y); No (N); Refused (R)

Exercise: Enter Actual Time Period and Inside or Outside (i.e.,  
9:30/10:00 IN; 2:00/2:30 OUT)

Medical: Physician will sign each time the inmates is seen.

Psych: Psychological Counselor will sign each time the inmate is seen.

Comments: i.e., Conduct; Attitude, etc. \*Use reverse side for additional comments  
and include date, signature, and title.Maples - DOC  
000486



W.C. Holman

(INSTITUTION)

2014

## SEGREGATION UNIT RECORD SHEET

INMATE NAME: Maples CoreyAIS NO: W/2624CELL: G-26VIOLATION  
OR REASON:ADMITTANCE  
AUTHORIZED BY:DATE & TIME  
RECEIVED:DATE & TIME  
RELEASED:PERTINENT  
INFORMATION:

| DATE         | SHIFT | MEALS<br>B D S | SH | EXERCISE | MEDICAL<br>VISIT | PSYCH<br>VISIT | COMMENTS* | OIC SIGNATURE |
|--------------|-------|----------------|----|----------|------------------|----------------|-----------|---------------|
| <u>11/14</u> | MORN  | ✓              |    |          |                  |                |           | <u>h</u>      |
|              | DAY   |                |    |          |                  |                |           |               |
|              | EVE   | ✓              |    |          |                  |                |           | <u>h</u>      |
|              | MORN  |                |    |          |                  |                |           |               |
|              | DAY   |                |    |          |                  |                |           |               |
|              | EVE   |                |    |          |                  |                |           |               |
| <u>11/18</u> | MORN  |                |    |          |                  |                |           | <u>FS</u>     |
|              | DAY   | ✓              |    |          |                  |                |           |               |
|              | EVE   | ✓              |    |          |                  |                |           |               |
| <u>11/19</u> | MORN  | ✓              |    |          |                  |                |           | <u>AB</u>     |
|              | DAY   |                |    |          |                  |                |           |               |
|              | EVE   |                |    |          |                  |                |           |               |
| <u>11/20</u> | MORN  | ✓              |    |          |                  |                |           | <u>FB</u>     |
|              | DAY   | ✓              |    |          |                  |                |           |               |
|              | EVE   | ✓              |    |          |                  |                |           |               |
| <u>11/21</u> | MORN  | ✓              |    |          |                  |                |           | <u>AK</u>     |
|              | DAY   | ✓              |    |          |                  |                |           |               |
|              | EVE   | ✓              |    |          |                  |                |           | <u>W</u>      |
|              | MORN  |                |    |          |                  |                |           |               |
|              | DAY   |                |    |          |                  |                |           |               |
|              | EVE   |                |    |          |                  |                |           |               |

Pertinent Info: i.e., Epileptic; Diabetic; Suicidal; Assaultive; etc.

Meals: CH: Chaperone Yes (Y), No (N), Refused (R)

Exercise: Enter Actual Time Period and Inside or Outside (i.e.,

8:30/10:30 IN; 2:00/2:30 OUT)

Medical: Physician will sign each time the inmate is seen.

Psych: Psychological Counselor will sign each time the inmate is seen.

Comments: Enter Actual Time Period and Inside or Outside (i.e., 8:30/10:30 IN; 2:00/2:30 OUT) Use reverse side for additional comments and include date, signature, and title.

OIC Signature: OIC must sign all record sheets each shift.

W.C. Holman

(INSTITUTION)

## SEGREGATION UNIT RECORD SHEET

INMATE NAME: Maples, CoreyAIS NO: W-21024 CELL: G-210VIOLATION  
OR REASON: \_\_\_\_\_ADMITTANCE  
AUTHORIZED BY: \_\_\_\_\_DATE & TIME  
RECEIVED: \_\_\_\_\_DATE & TIME  
RELEASED: \_\_\_\_\_PERTINENT  
INFORMATION: \_\_\_\_\_

| DATE | SHIFT | MEALS |   |   | SH | EXERCISE | MEDICAL<br>VISIT | PSYCH<br>VISIT | COMMENTS* | OIC SIGNATURE |
|------|-------|-------|---|---|----|----------|------------------|----------------|-----------|---------------|
|      |       | B     | D | S |    |          |                  |                |           |               |
| 11/9 | MORN  | ✓     |   |   |    |          |                  |                |           | CS            |
|      | DAY   |       |   |   |    |          |                  |                |           |               |
|      | EVE   |       |   | ✓ | ✓  |          |                  |                |           | CS            |
| 10   | MORN  | ✓     |   |   |    |          |                  |                |           | CS            |
|      | DAY   |       | ✓ |   |    |          |                  |                |           | RG            |
|      | EVE   |       |   | ✓ |    |          |                  |                |           | RG            |
| 11   | MORN  | ✓     |   |   |    |          |                  |                |           | RG            |
|      | DAY   |       |   |   |    |          |                  |                |           | RG            |
|      | EVE   |       |   | ✓ |    |          |                  |                |           | RG            |
| 12   | MORN  | ✓     |   |   |    |          |                  |                |           | RG            |
|      | DAY   |       | ✓ |   |    |          |                  |                |           | RG            |
|      | EVE   |       |   | ✓ |    |          |                  |                |           | RG            |
| 13   | MORN  |       |   |   |    |          |                  |                |           | nm            |
|      | DAY   |       | ✓ |   |    |          |                  |                |           | nm            |
|      | EVE   |       |   | ✓ |    |          |                  |                |           | nm            |
|      | MORN  |       |   |   |    |          |                  |                |           |               |
|      | DAY   |       |   |   |    |          |                  |                |           |               |
|      | EVE   |       |   |   |    |          |                  |                |           |               |
|      | MORN  |       |   |   |    |          |                  |                |           |               |
|      | DAY   |       |   |   |    |          |                  |                |           |               |
|      | EVE   |       |   |   |    |          |                  |                |           |               |

Pertinent Info: i.e., Epileptic; Diabetic; Suicidal; Assaultive; etc.

Meals/ SH: Shower- Yes (Y); No (N); Refused (R)

Exercise: Enter Actual Time Period and Inside or Outside (i.e.,  
9:30/10:00 IN; 2:00/2:30 OUT)Maples - DOC  
000488



**W.C. Holman**

(INSTITUTION)

**2014****SEGREGATION UNIT RECORD SHEET**INMATE NAME: Maples CoreyAIS NO: W2624CELL: G-26VIOLATION  
OR REASON:ADMITTANCE  
AUTHORIZED BY:DATE & TIME  
RECEIVED:DATE & TIME  
RELEASED:PERTINENT  
INFORMATION:

| DATE | SHIFT | MEALS                               | SH | EXERCISE | MEDICAL<br>VISIT | PSYCH<br>VISIT | COMMENTS* | OIC SIGNATURE |
|------|-------|-------------------------------------|----|----------|------------------|----------------|-----------|---------------|
| 11/2 | MORN  | <input checked="" type="checkbox"/> |    |          |                  |                |           | RG            |
|      | DAY   |                                     |    |          |                  |                |           |               |
|      | EVE   |                                     |    |          |                  |                |           | RG            |
| 11/3 | MORN  | <input checked="" type="checkbox"/> |    |          |                  |                |           | CL            |
|      | DAY   |                                     |    |          |                  |                |           | CL            |
|      | EVE   |                                     |    |          |                  |                |           | CL            |
| 11/4 | MORN  | <input checked="" type="checkbox"/> |    |          |                  |                |           | CL            |
|      | DAY   |                                     |    |          |                  |                |           |               |
|      | EVE   |                                     |    |          |                  |                |           |               |
| 11/5 | MORN  | <input checked="" type="checkbox"/> |    |          |                  |                |           | CL            |
|      | DAY   |                                     |    |          |                  |                |           |               |
|      | EVE   |                                     |    |          |                  |                |           |               |
| 11/6 | MORN  | <input checked="" type="checkbox"/> |    |          |                  |                |           | APB           |
|      | DAY   |                                     |    |          |                  |                |           | APB           |
|      | EVE   |                                     |    |          |                  |                |           | APB           |
| 11/7 | MORN  | <input checked="" type="checkbox"/> |    |          |                  |                |           | AL            |
|      | DAY   |                                     |    |          |                  |                |           | ES            |
|      | EVE   |                                     |    |          |                  |                |           |               |
|      | MORN  |                                     |    |          |                  |                |           |               |
|      | DAY   |                                     |    |          |                  |                |           |               |
|      | EVE   |                                     |    |          |                  |                |           |               |

Pertinent Info: i.e., Epileptic; Diabetic; Suicidal; Assaultive; etc.

Meals: SH: ☒ Yes (Y) ☒ No (N) ☒ Released (R)

Exercise: Enter Actual Time Period and Inside or Outside (i.e.,

9:00 to 2:00 IN; 2:00 to 3:00 OUT)

Medical: Physician will sign each time the inmate is seen.

Psych: Psychological Counselor will sign each time the inmate is seen.

Comments: Use reverse side for additional comments and include date, signature, and title.

OIC Signature: OIC must sign all record sheets each shift.

W.C. Holman

(INSTITUTION)

## SEGREGATION UNIT RECORD SHEET

INMATE NAME: Maples, CoreyAIS NO: W-21024 CELL: G-210VIOLATION  
OR REASON: \_\_\_\_\_ADMITTANCE  
AUTHORIZED BY: \_\_\_\_\_DATE & TIME  
RECEIVED: \_\_\_\_\_DATE & TIME  
RELEASED: \_\_\_\_\_PERTINENT  
INFORMATION: \_\_\_\_\_

| DATE  | SHIFT | MEALS |   |   | SH | EXERCISE | MEDICAL<br>VISIT | PSYCH<br>VISIT | COMMENTS* | OIC SIGNATURE |
|-------|-------|-------|---|---|----|----------|------------------|----------------|-----------|---------------|
|       |       | B     | D | S |    |          |                  |                |           |               |
| 10/29 | MORN  | ✓     |   |   |    |          |                  |                |           | CKS           |
|       | DAY   |       | ✓ |   |    |          |                  |                |           | WJ            |
|       | EVE   |       |   | ✓ |    |          |                  |                |           | WJ            |
| 10/28 | MORN  | ✓     |   |   |    |          |                  |                |           | JK            |
|       | DAY   |       | ✓ |   |    |          |                  |                |           |               |
|       | EVE   |       |   | ✓ |    |          |                  |                |           |               |
| 10/29 | MORN  | ✓     |   |   |    |          |                  |                |           | WJ            |
|       | DAY   |       |   |   |    |          |                  |                |           |               |
|       | EVE   |       |   | ✓ |    |          |                  |                |           | ED            |
| 10/30 | MORN  |       | ✓ |   |    | N        |                  |                |           | ED            |
|       | DAY   |       |   |   |    |          |                  |                |           | ED            |
|       | EVE   |       |   | ✓ |    |          |                  |                |           |               |
| 10/31 | MORN  | ✓     |   |   |    |          |                  |                |           | CKS           |
|       | DAY   |       | ✓ |   |    |          |                  |                |           | AD            |
|       | EVE   |       |   | ✓ |    |          |                  |                |           |               |
| 11/1  | MORN  | ✓     |   |   |    |          |                  |                |           | CK            |
|       | DAY   |       | ✓ |   |    |          |                  |                |           |               |
|       | EVE   |       |   | ✓ |    |          |                  |                |           | JK            |
|       | MORN  |       |   |   |    |          |                  |                |           |               |
|       | DAY   |       |   |   |    |          |                  |                |           |               |
|       | EVE   |       |   |   |    |          |                  |                |           |               |

Pertinent Info: i.e., Epileptic; Diabetic; Suicidal; Assaultive; etc.

Meals/ SH: Shower- Yes (Y); No (N); Refused (R)

Exercise: Enter Actual Time Period and Inside or Outside (i.e.,  
9:30/10:00 IN; 2:00/2:30 OUT)

Medical: Physician will sign each time the inmates is seen.

Psych: Psychological Counselor will sign each time the inmate is seen.

Comments: i.e., Conduct; Attitude, etc. \*Use reverse side for additional comments  
and include date, signature, and title.Maples - DOC  
000490

**W.C. Holman**

(INSTITUTION)

**2014****SEGREGATION UNIT RECORD SHEET**INMATE NAME: Maples CoreyAIS NO: W2624CELL: G-26VIOLATION  
OR REASON: \_\_\_\_\_ADMITTANCE  
AUTHORIZED BY: \_\_\_\_\_DATE & TIME  
RECEIVED: \_\_\_\_\_DATE & TIME  
RELEASED: \_\_\_\_\_PERTINENT  
INFORMATION: \_\_\_\_\_

| DATE  | SHIFT | MEALS<br>B D S | SH | EXERCISE | MEDICAL<br>VISIT | PSYCH<br>VISIT | COMMENTS* | OIC SIGNATURE |
|-------|-------|----------------|----|----------|------------------|----------------|-----------|---------------|
| 10/19 | MORN  | ✓              |    |          |                  |                |           | RL            |
|       | DAY   |                |    |          |                  |                |           | RL            |
|       | EVE   | ✓              |    |          |                  |                |           | RL            |
| 10/20 | MORN  | ✓              |    |          |                  |                |           | WING          |
|       | DAY   | ✓              |    |          |                  |                |           | AL            |
|       | EVE   |                |    |          |                  |                |           |               |
| 10/21 | MORN  |                |    |          |                  |                |           |               |
|       | DAY   |                |    |          |                  |                |           |               |
|       | EVE   |                |    |          |                  |                |           |               |
| 10/22 | MORN  | ✓              |    |          |                  |                |           | RL            |
|       | DAY   | ✓              |    |          |                  |                |           | RL            |
|       | EVE   | ✓              |    |          |                  |                |           | RL            |
| 10/23 | MORN  | ✓              |    |          |                  |                |           | RL            |
|       | DAY   | ✓              |    |          |                  |                |           | RL            |
|       | EVE   | ✓              |    |          |                  |                |           | RL            |
| 10/24 | MORN  | ✓              |    |          |                  |                |           | RL            |
|       | DAY   |                |    |          |                  |                |           |               |
|       | EVE   |                |    |          |                  |                |           |               |
| 10/25 | MORN  |                |    |          |                  |                |           |               |
|       | DAY   | ✓              |    |          |                  |                |           |               |
|       | EVE   | ✓              |    |          |                  |                |           |               |

Pertinent Info: i.e., Epileptic; Diabetic; Suicidal; Assaultive; etc.

Medical GH: Show: Yes (Y); No (N); Refused (R)

Exercise: Enter Actual Time Period and Inside or Outside (i.e.,

9:30/10:30 IN; 2:00/2:30 OUT)

Medical: Physician will sign each time the inmate is seen.

Psych: Psychological Counselor will sign each time the inmate is seen.

Comments: Use reverse side for additional comments and include date, signature, and title.

OIC Signature: OIC must sign all record sheets each shift.

W.C. Holman

(INSTITUTION)

## SEGREGATION UNIT RECORD SHEET

INMATE NAME: Maples, CoreyAIS NO: W-21024 CELL: G-210

VIOLATION OR REASON: \_\_\_\_\_

ADMITTANCE AUTHORIZED BY: \_\_\_\_\_

DATE &amp; TIME RECEIVED: \_\_\_\_\_

DATE &amp; TIME RELEASED: \_\_\_\_\_

PERTINENT INFORMATION: \_\_\_\_\_

| DATE  | SHIFT | MEALS |   |   | SH | EXERCISE | MEDICAL VISIT | PSYCH VISIT | COMMENTS* | OIC SIGNATURE |
|-------|-------|-------|---|---|----|----------|---------------|-------------|-----------|---------------|
|       |       | B     | D | S |    |          |               |             |           |               |
| 10/12 | MORN  | ✓     |   |   |    |          |               |             |           | CS            |
|       | DAY   |       |   |   |    |          |               |             |           |               |
|       | EVE   |       |   | ✓ |    |          |               |             |           | CS            |
| 13    | MORN  |       |   |   |    |          |               |             |           | CS            |
|       | DAY   |       |   |   |    |          |               |             |           |               |
|       | EVE   |       |   |   |    |          |               |             |           |               |
| 14    | MORN  |       |   |   |    |          |               |             |           |               |
|       | DAY   |       | ✓ |   |    |          |               |             |           | AB            |
|       | EVE   |       |   | ✓ |    |          |               |             |           |               |
| 15    | MORN  | ✓     |   |   |    |          |               |             |           | CC            |
|       | DAY   |       |   |   |    |          |               |             |           |               |
|       | EVE   |       |   |   |    |          |               |             |           |               |
| 10/16 | MORN  | ✓     | ✓ |   |    |          |               |             |           | DP            |
|       | DAY   |       |   |   |    |          |               |             |           | A             |
|       | EVE   |       |   | ✓ |    | ✓        |               |             |           |               |
| 10/17 | MORN  |       |   |   |    |          |               |             |           | nm            |
|       | DAY   |       | ✓ |   |    |          |               |             |           | nm            |
|       | EVE   |       |   | ✓ |    |          |               |             |           |               |
| 10/18 | MORN  | ✓     |   |   |    |          |               |             |           | CC            |
|       | DAY   |       | ✓ |   |    |          |               |             |           | AB            |
|       | EVE   |       |   | ✓ |    |          |               |             |           |               |

Pertinent Info: i.e., Epileptic; Diabetic; Suicidal; Assaultive; etc.

Meals/SH: Shower- Yes (Y); No (N); Refused (R)

Exercise: Enter Actual Time Period and Inside or Outside (i.e., 9:30/10:00 IN; 2:00/2:30 OUT)

Medical: Physician will sign each time the inmates is seen.

Psych: Psychological Counselor will sign each time the inmate is seen.

Comments: i.e., Conduct; Attitude, etc. \*Use reverse side for additional comments and include date, signature, and title

Maples - DOC  
000492

W.C. Holman

(INSTITUTION)

2014

## SEGREGATION UNIT RECORD SHEET

INMATE NAME: Maples CoreyAJS NO: W2624CELL: G-26VIOLATION  
OR REASON:ADMITTANCE  
AUTHORIZED BY:DATE & TIME  
RECEIVED:DATE & TIME  
RELEASED:PERTINENT  
INFORMATION:

| DATE | SHIFT | MEALS |   |   | SH | EXERCISE | MEDICAL<br>VISIT | PSYCH<br>VISIT | COMMENTS* | OIC SIGNATURE |
|------|-------|-------|---|---|----|----------|------------------|----------------|-----------|---------------|
|      |       | B     | D | S |    |          |                  |                |           |               |
| 9/5  | MORN  |       |   |   |    |          |                  |                |           | RG            |
|      | DAY   |       |   |   |    |          |                  |                |           |               |
|      | EVE   |       |   |   |    |          |                  |                |           | RG            |
|      | MORN  |       |   |   |    |          |                  |                |           |               |
|      | DAY   |       |   |   |    |          |                  |                |           |               |
|      | EVE   |       |   |   |    |          |                  |                |           |               |
| 7    | MORN  |       |   |   |    |          |                  |                |           |               |
|      | DAY   |       |   |   |    |          |                  |                |           |               |
|      | EVE   |       |   |   |    |          |                  |                |           | A             |
| 10/8 | MORN  |       |   |   |    |          |                  |                |           | JR            |
|      | DAY   |       |   |   |    |          |                  |                |           | AB            |
|      | EVE   |       |   |   |    |          |                  |                |           |               |
| 9    | MORN  |       |   |   |    |          |                  |                |           | AB            |
|      | DAY   |       |   |   |    |          |                  |                |           | A             |
|      | EVE   |       |   |   |    |          |                  |                |           |               |
|      | MORN  |       |   |   |    |          |                  |                |           |               |
|      | DAY   |       |   |   |    |          |                  |                |           |               |
|      | EVE   |       |   |   |    |          |                  |                |           |               |
|      | MORN  |       |   |   |    |          |                  |                |           |               |
|      | DAY   |       |   |   |    |          |                  |                |           |               |
|      | EVE   |       |   |   |    |          |                  |                |           |               |

Pertinent Info: i.e., Epileptic; Diabetic; Suicidal; Assaultive; etc.

Meals/SH: Show: Yes (Y); No (N); Refused (R)

Exercise: Enter Actual Time Period and Inside or Outside (i.e.,  
9:30/10:30 IN; 2:00/2:30 OUT)

Medical: Physician will sign each time the inmate is seen.

Psych: Psychological Counselor will sign each time the inmate is seen.

Comments: Use reverse side for additional comments  
and include date, signature, and title.

OIC Signature: OIC must sign all record sheets each shift.

W.C. Holman

(INSTITUTION)

**SEGREGATION UNIT RECORD SHEET**INMATE NAME: Maples, CoreyAIS NO: W-21024 CELL: G-210VIOLATION  
OR REASON: \_\_\_\_\_ADMITTANCE  
AUTHORIZED BY: \_\_\_\_\_DATE & TIME  
RECEIVED: \_\_\_\_\_DATE & TIME  
RELEASED: \_\_\_\_\_PERTINENT  
INFORMATION: \_\_\_\_\_

| DATE | SHIFT | MEALS |   |   | SH | EXERCISE | MEDICAL<br>VISIT | PSYCH<br>VISIT | COMMENTS* | OIC SIGNATURE |
|------|-------|-------|---|---|----|----------|------------------|----------------|-----------|---------------|
|      |       | B     | D | S |    |          |                  |                |           |               |
| 9-29 | MORN  | ✓     |   |   |    |          |                  |                |           | F.T           |
|      | DAY   |       |   |   |    |          |                  |                |           |               |
|      | EVE   |       |   |   |    |          |                  |                |           |               |
| 30   | MORN  | ✓     |   |   |    |          |                  |                |           | CLO<br>37     |
|      | DAY   |       |   |   |    |          |                  |                |           |               |
|      | EVE   |       |   |   |    |          |                  |                |           |               |
| 10-1 | MORN  |       |   |   |    | N        |                  |                |           |               |
|      | DAY   |       |   |   |    |          |                  |                |           |               |
|      | EVE   |       |   |   |    |          |                  |                |           |               |
| 10-2 | MORN  | ✓     |   |   |    |          |                  |                |           | JP            |
|      | DAY   |       |   |   |    |          |                  |                |           |               |
|      | EVE   |       |   |   |    |          |                  |                |           |               |
| 3    | MORN  | ✓     |   |   |    |          |                  |                |           | RB            |
|      | DAY   |       |   |   |    |          |                  |                |           |               |
|      | EVE   |       |   |   |    |          |                  |                |           |               |
| 4    | MORN  | ✓     |   |   |    |          |                  |                |           | CD            |
|      | DAY   |       |   |   |    |          |                  |                |           |               |
|      | EVE   |       |   |   |    |          |                  |                |           |               |
|      | MORN  |       |   |   |    |          |                  |                |           |               |
|      | DAY   |       |   |   |    |          |                  |                |           |               |
|      | EVE   |       |   |   |    |          |                  |                |           |               |

Pertinent Info: I.e., Epileptic; Diabetic; Suicidal; Assaultive; etc.

Meals/ SH: Shower- Yes (Y); No (N); Refused (R)

Exercise: Enter Actual Time Period and Inside or Outside (I.e.,  
9:30/10:00 IN; 2:00/2:30 OUT)

Medical: Physician will sign each time the inmates is seen.

Psych: Psychological Counselor will sign each time the inmates is seen.

Maples - DOC  
000494



W.C. Holman

(INSTITUTION)

## SEGREGATION UNIT RECORD SHEET

2015

INMATE NAME: Maples, CoreyVIOLATION  
OR REASON:DATE & TIME  
RECEIVED:PERTINENT  
INFORMATION:AIS NO: W2624CELL: G-26

ADMITTANCE:

AUTHORIZED BY:

DATE &amp; TIME

RELEASED:

| DATE | SHIFT | MEALS |   |   | SH | EXERCISE | MEDICAL<br>VISIT | PSYCH<br>VISIT | COMMENTS* | OIC SIGNATURE |
|------|-------|-------|---|---|----|----------|------------------|----------------|-----------|---------------|
|      |       | B     | D | S |    |          |                  |                |           |               |
| 3/22 | MORN  |       |   |   |    |          |                  |                |           |               |
|      | DAY   |       |   |   |    |          |                  |                |           |               |
|      | EVE   |       |   |   |    |          |                  |                |           |               |
| 3/23 | MORN  |       |   |   |    |          |                  |                |           |               |
|      | DAY   |       |   |   |    |          |                  |                |           |               |
|      | EVE   |       |   |   |    |          |                  |                |           |               |
| 3/24 | MORN  |       |   |   |    |          |                  |                |           |               |
|      | DAY   |       |   |   |    |          |                  |                |           |               |
|      | EVE   |       |   |   |    |          |                  |                |           |               |
| 3/25 | MORN  |       |   |   |    |          |                  |                |           |               |
|      | DAY   |       |   |   |    |          |                  |                |           |               |
|      | EVE   |       |   |   |    |          |                  |                |           |               |
| 3/26 | MORN  |       |   |   |    |          |                  |                |           |               |
|      | DAY   |       |   |   |    |          |                  |                |           |               |
|      | EVE   |       |   |   |    |          |                  |                |           |               |
| 3/27 | MORN  |       |   |   |    |          |                  |                |           |               |
|      | DAY   |       |   |   |    |          |                  |                |           |               |
|      | EVE   |       |   |   |    |          |                  |                |           |               |
| 3/28 | MORN  |       |   |   |    |          |                  |                |           |               |
|      | DAY   |       |   |   |    |          |                  |                |           |               |
|      | EVE   |       |   |   |    |          |                  |                |           |               |

Pertinent Info: Is Epileptic; Diabetic; Suicidal; Assaultive; etc.

Exercise: Enter actual Time Period and Inside or Outside (i.e.,

8:00 AM - 2:00 PM Outside)

Medical: Physician will sign each time the inmate is seen.

Psych: Psychologist/Counselor will sign each time the inmate is seen.

Comments: Use reverse side for additional comments.

and include date, signature, and title.

OIC Signature: OIC must sign all record sheets each shift.

W.C. Holman CF  
(INSTITUTION)

### SEGREGATION UNIT RECORD SHEET

INMATE NAME: Maples, Corey AIS NO. W-21024 CELL: G-210  
 VIOLATION OR REASON: \_\_\_\_\_ ADMITTANCE AUTH. BY: \_\_\_\_\_  
 DATE & TIME RECEIVED: \_\_\_\_\_ DATE & TIME RELEASED: \_\_\_\_\_  
 PERTINENT INFORMATION: \_\_\_\_\_

| DATE      | SHIFT | MEALS |   |   | SH | EXERCISE | MEDI<br>-CAL<br>VISIT | PSYCH<br>VISIT | COMMENTS * | OIC SIGNATURE |
|-----------|-------|-------|---|---|----|----------|-----------------------|----------------|------------|---------------|
|           |       | B     | D | S |    |          |                       |                |            |               |
| 1<br>3-15 | MORN  | ✓     |   |   |    |          |                       |                |            |               |
|           | DAY   |       |   |   |    |          |                       |                |            |               |
|           | EVE   |       |   |   |    |          |                       |                |            |               |
| 2<br>3/16 | MORN  | ✓     |   |   |    |          |                       |                |            |               |
|           | DAY   |       |   |   |    |          |                       |                |            |               |
|           | EVE   |       |   |   |    |          |                       |                |            |               |
| 3<br>3/17 | MORN  | ✓     |   |   |    |          |                       |                |            |               |
|           | DAY   |       |   |   |    |          |                       |                |            |               |
|           | EVE   |       |   |   |    |          |                       |                |            |               |
| 4<br>18   | MORN  | ✓     |   |   |    |          |                       |                |            |               |
|           | DAY   |       |   |   |    |          |                       |                |            |               |
|           | EVE   |       |   |   |    |          |                       |                |            |               |
| 5<br>19   | MORN  |       |   |   |    |          |                       |                |            |               |
|           | DAY   |       |   |   |    |          |                       |                |            |               |
|           | EVE   |       |   |   |    |          |                       |                |            |               |
| 6<br>3-20 | MORN  | ✓     |   |   |    |          |                       |                |            |               |
|           | DAY   |       |   |   |    |          |                       |                |            |               |
|           | EVE   |       |   |   |    |          |                       |                |            |               |
| 7<br>3/21 | MORN  | ✓     |   |   |    |          |                       |                |            |               |
|           | DAY   |       |   |   |    |          |                       |                |            |               |
|           | EVE   |       |   |   |    |          |                       |                |            |               |

Pertinent Info: i.e. - Epileptic, Diabetic, Suicidal, Assaultive

Meals/SH: Shower - Yes (Y) or No (N), Refused (R)

Exercise: Enter actual time period and Inside or Outside

Medical: Physician will sign each time the inmate is seen.

Psych: Psychological Counselor will sign each time the inmate is seen.

Comments: i.e. - Conduct, attitude \*Use reverse side for additional comments and include date, signature, and title.

OIC Signature: OIC must sign all record sheets each shift.

ADOC Form 434-A, December 22, 2004

W.C. Holman

(INSTITUTION)

## SEGREGATION UNIT RECORD SHEET

2015

INMATE NAME: Maples CoreyVIOLATION  
OR REASON:DATE & TIME  
RECEIVED:PERTINENT  
INFORMATION:AIS NO: W2624CELL: G-26ADMITTANCE  
AUTHORIZED BY:DATE & TIME  
RELEASED:

| DATE | SHIFT | MEALS |   |   | SH | EXERCISE | MEDICAL<br>VISIT | PSYCH<br>VISIT | COMMENTS* | OIC SIGNATURE |
|------|-------|-------|---|---|----|----------|------------------|----------------|-----------|---------------|
|      |       | B     | D | S |    |          |                  |                |           |               |
| 3/8  | MORN  | ✓     |   |   |    |          |                  |                |           | JK            |
|      | DAY   |       |   |   |    |          |                  |                |           |               |
|      | EVE   |       |   | ✓ |    |          |                  |                |           |               |
|      | MORN  |       |   |   |    |          |                  |                |           |               |
|      | DAY   |       |   |   |    |          |                  |                |           |               |
|      | EVE   |       |   |   |    |          |                  |                |           |               |
| 3/10 | MORN  | ✓     |   |   |    |          |                  |                |           | JK            |
|      | DAY   |       |   |   |    |          |                  |                |           |               |
|      | EVE   |       |   | ✓ |    |          |                  |                |           |               |
| 11   | MORN  | ✓     |   |   |    |          |                  |                |           | JK            |
|      | DAY   |       |   |   |    |          |                  |                |           |               |
|      | EVE   |       |   | ✓ |    |          |                  |                |           |               |
| 12   | MORN  | ✓     |   |   |    |          |                  |                |           | JK            |
|      | DAY   |       |   |   |    |          |                  |                |           |               |
|      | EVE   |       |   | ✓ |    |          |                  |                |           |               |
| 13   | MORN  | ✓     |   |   |    |          |                  |                |           | JK            |
|      | DAY   |       |   |   |    |          |                  |                |           |               |
|      | EVE   |       |   | ✓ |    |          |                  |                |           |               |
| 14   | MORN  | ✓     |   |   |    |          |                  |                |           | JK            |
|      | DAY   |       |   |   |    |          |                  |                |           |               |
|      | EVE   |       |   | ✓ |    |          |                  |                |           |               |

Pertinent Info: i.e., Epileptic; Diabetic; Suicidal; Assaultive; etc.

Medical: Physical Exam (Y) No (N) Released (R)

Exercise: Enter Actual Time Period and Inside or Outside (i.e., 8:30 AM IN; 2:00 PM OUT)

Medical: Physician will sign each time the inmate is seen.

Psych: Psychological Counselor will sign each time the inmate is seen.

Comments: Use reverse side for additional comments and include date, signature, and title.

OIC Signature: OIC must sign all record sheets each shift.

W.C. Holman CF  
(INSTITUTION)

20/5

### SEGREGATION UNIT RECORD SHEET

INMATE NAME: Maples, Corey AIS NO. W-21024 CELL: G-210  
 VIOLATION OR REASON: \_\_\_\_\_ ADMITTANCE AUTH. BY: \_\_\_\_\_  
 DATE & TIME RECEIVED: \_\_\_\_\_ DATE & TIME RELEASED: \_\_\_\_\_  
 PERTINENT INFORMATION: \_\_\_\_\_

| DATE     | SHIFT | MEALS |   |   | SH | EXERCISE | MEDI<br>-CAL<br>VISIT | PSYCH<br>VISIT | COMMENTS * | OIC SIGNATURE |
|----------|-------|-------|---|---|----|----------|-----------------------|----------------|------------|---------------|
|          |       | B     | D | S |    |          |                       |                |            |               |
| 1<br>3/1 | MORN  | ✓     |   |   |    |          |                       |                |            | CS            |
|          | DAY   |       |   |   |    |          |                       |                |            |               |
|          | EVE   |       |   | ✓ | ✓  |          |                       |                |            | CS            |
| 2<br>2   | MORN  | ✓     |   |   |    |          |                       |                |            | CS            |
|          | DAY   |       |   |   |    |          |                       |                |            | AG            |
|          | EVE   |       |   |   |    |          |                       |                |            |               |
| 3<br>3/3 | MORN  | ✓     |   |   |    |          |                       |                |            | AG            |
|          | DAY   |       |   |   |    |          |                       |                |            | FB            |
|          | EVE   |       |   |   |    | R        |                       |                |            |               |
| 4<br>4   | MORN  | ✓     |   |   |    |          |                       |                |            | AG            |
|          | DAY   |       |   |   |    |          |                       |                |            | FB            |
|          | EVE   |       |   |   |    | R        |                       |                |            |               |
| 5<br>3/5 | MORN  | ✓     |   |   |    |          |                       |                |            | DB            |
|          | DAY   |       | ✓ | ✓ |    |          |                       |                |            | CS            |
|          | EVE   |       |   | ✓ | ✓  |          |                       |                |            |               |
| 6<br>3/6 | MORN  | ✓     |   |   |    |          |                       |                |            | JP            |
|          | DAY   |       |   |   |    |          |                       |                |            | AG            |
|          | EVE   |       |   |   |    |          |                       |                |            |               |
| 7<br>3/7 | MORN  | ✓     |   |   |    |          |                       |                |            | AG            |
|          | DAY   |       |   |   |    |          |                       |                |            |               |
|          | EVE   |       |   |   |    |          |                       |                |            | AG            |

Pertinent Info: i.e. - Epileptic, Diabetic, Suicidal, Assaultive

Meals/SH: Shower - Yes (Y) or No (N), Refused (R)

Exercise: Enter actual time period and Inside or Outside

Medical: Physician will sign each time the inmate is seen.

Psych: Psychological Counselor will sign each time the inmate is seen.

Comments: i.e. - Conduct, attitude \*Use reverse side for additional comments and include date, signature, and title.

OIC Signature: OIC must sign all record sheets each shift.

ADOC Form 434-A, December 22, 2004

W.C. Holman

(INSTITUTION)

## SEGREGATION UNIT RECORD SHEET

2015

INMATE NAME: Maples CoreyVIOLATION  
OR REASON:DATE & TIME  
RECEIVED:PERTINENT  
INFORMATION:AIS NO: W2624CELL: G-26ADMITTANCE  
AUTHORIZED BY:DATE & TIME  
RELEASED:

| DATE | SHIFT | MEALS |   |   | SH | EXERCISE | MEDICAL<br>VISIT | PSYCH<br>VISIT | COMMENTS* | OIC SIGNATURE |
|------|-------|-------|---|---|----|----------|------------------|----------------|-----------|---------------|
|      |       | B     | D | S |    |          |                  |                |           |               |
| 2/22 | MORN  |       |   |   |    |          |                  |                |           |               |
|      | DAY   |       |   |   |    |          |                  |                |           |               |
|      | EVE   |       |   |   |    |          |                  |                |           |               |
|      | MORN  |       |   |   |    |          |                  |                |           |               |
|      | DAY   |       |   |   |    |          |                  |                |           |               |
|      | EVE   |       |   |   |    |          |                  |                |           |               |
| 24   | MORN  |       |   |   |    |          |                  |                |           |               |
|      | DAY   |       |   |   |    |          |                  |                |           |               |
|      | EVE   |       |   |   |    |          |                  |                |           |               |
| 2/25 | MORN  |       |   |   |    |          |                  |                |           |               |
|      | DAY   |       |   |   |    |          |                  |                |           |               |
|      | EVE   |       |   |   |    |          |                  |                |           |               |
| 2/26 | MORN  |       |   |   |    |          |                  |                |           |               |
|      | DAY   |       |   |   |    |          |                  |                |           |               |
|      | EVE   |       |   |   |    |          |                  |                |           |               |
| 2/27 | MORN  |       |   |   |    |          |                  |                |           |               |
|      | DAY   |       |   |   |    |          |                  |                |           |               |
|      | EVE   |       |   |   |    |          |                  |                |           |               |
| 2/28 | MORN  |       |   |   |    |          |                  |                |           |               |
|      | DAY   |       |   |   |    |          |                  |                |           |               |
|      | EVE   |       |   |   |    |          |                  |                |           |               |

Pertinent Info: i.e., Epileptic; Diabetic; Suicidal; Assaultive; etc.

Medical: Physical Exam (M), H&amp;A (H), Released (R)

Exercise: Enter actual Time Period and Inside or Outside (i.e., 9:00 AM - 2:00 PM OUT)

Medical: Physician will sign each time the inmate is seen.

Psych: Psychological Counselor will sign each time the inmate is seen.

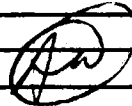

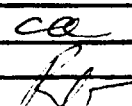
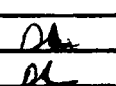
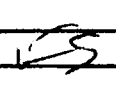
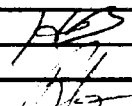
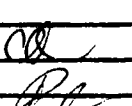
Comments: Use reverse side for additional comments and include date, signature, and title.

OIC Signature: OIC must sign all record sheets each shift.

W.C. Holman CF  
(INSTITUTION)

### SEGREGATION UNIT RECORD SHEET

INMATE NAME: Maples, Corey AIS NO. W-21024 CELL: G-210  
 VIOLATION OR REASON: \_\_\_\_\_ ADMITTANCE AUTH. BY: \_\_\_\_\_  
 DATE & TIME RECEIVED: \_\_\_\_\_ DATE & TIME RELEASED: \_\_\_\_\_  
 PERTINENT INFORMATION: \_\_\_\_\_

| DATE      | SHIFT | MEALS                               |                                     |                                     | SH | EXERCISE | MEDI-CAL VISIT | PSYCH VISIT | COMMENTS * | OIC SIGNATURE   |
|-----------|-------|-------------------------------------|-------------------------------------|-------------------------------------|----|----------|----------------|-------------|------------|---|
|           |       | B                                   | D                                   | S                                   |    |          |                |             |            |   |
| 15        | MORN  | <input checked="" type="checkbox"/> |                                     |                                     |    |          |                |             |            |    |
|           | DAY   |                                     |                                     |                                     |    |          |                |             |            |   |
|           | EVE   |                                     |                                     | <input checked="" type="checkbox"/> |    |          |                |             |            |   |
| 2<br>16   | MORN  | <input checked="" type="checkbox"/> |                                     |                                     |    |          |                |             |            |    |
|           | DAY   |                                     |                                     |                                     |    |          |                |             |            |   |
|           | EVE   |                                     |                                     | <input checked="" type="checkbox"/> |    |          |                |             |            |   |
| 3<br>17   | MORN  | <input checked="" type="checkbox"/> |                                     |                                     |    |          |                |             |            |   |
|           | DAY   |                                     |                                     |                                     |    |          |                |             |            |   |
|           | EVE   |                                     |                                     | <input checked="" type="checkbox"/> |    |          |                |             |            |   |
| 4<br>2/18 | MORN  |                                     |                                     |                                     |    |          |                |             |            |  |
|           | DAY   |                                     | <input checked="" type="checkbox"/> |                                     |    |          |                |             |            |   |
|           | EVE   |                                     |                                     | <input checked="" type="checkbox"/> |    |          |                |             |            |   |
| 5<br>2/19 | MORN  |                                     |                                     |                                     |    |          |                |             |            |  |
|           | DAY   |                                     | <input checked="" type="checkbox"/> |                                     |    |          |                |             |            |   |
|           | EVE   |                                     |                                     | <input checked="" type="checkbox"/> |    |          |                |             |            |   |
| 6<br>2/20 | MORN  | <input checked="" type="checkbox"/> |                                     |                                     |    |          |                |             |            |  |
|           | DAY   |                                     |                                     |                                     |    |          |                |             |            |   |
|           | EVE   |                                     |                                     | <input checked="" type="checkbox"/> |    |          |                |             |            |   |
| 7<br>21   | MORN  | <input checked="" type="checkbox"/> |                                     |                                     |    |          |                |             |            |  |
|           | DAY   |                                     |                                     |                                     |    |          |                |             |            |   |
|           | EVE   |                                     |                                     | <input checked="" type="checkbox"/> |    |          |                |             |            |   |

Pertinent Info: i.e. - Epileptic, Diabetic, Suicidal, Assaultive

Meals/SH: Shower - Yes (Y) or No (N), Refused (R)

Exercise: Enter actual time period and Inside or Outside

Medical: Physician will sign each time the inmate is seen.

Psych: Psychological Counselor will sign each time the inmate is seen.

Comments: i.e. - Conduct, attitude \*Use reverse side for additional comments and include date, signature, and title.

OIC Signature: OIC must sign all record sheets each shift.

ADOC Form 434-A, December 22, 2004



W.C. Holman

(INSTITUTION)

2015

## SEGREGATION UNIT RECORD SHEET

INMATE NAME: Maples CoreyVIOLATION  
OR REASON:DATE & TIME  
RECEIVED:PERTINENT  
INFORMATION:AIS NO: W2624CELL: G-26ADMITTANCE  
AUTHORIZED BY:DATE & TIME  
RELEASED:

| DATE | SHIFT | MEALS<br>B D S | SH | EXERCISE | MEDICAL<br>VISIT | PSYCH<br>VISIT | COMMENTS* | OIC SIGNATURE |
|------|-------|----------------|----|----------|------------------|----------------|-----------|---------------|
| 7/8  | MORN  | ✓              |    |          |                  |                |           |               |
|      | DAY   |                |    |          |                  |                |           |               |
|      | EVE   |                |    |          |                  |                |           |               |
| 2/9  | MORN  | ✓              |    |          |                  |                |           |               |
|      | DAY   | ✓              |    |          |                  |                |           |               |
|      | EVE   | ✓              | ✓  |          |                  |                |           |               |
| 10   | MORN  | ✓              |    |          |                  |                |           |               |
|      | DAY   | ✓              |    | R        |                  |                |           |               |
|      | EVE   | ✓              |    |          |                  |                |           |               |
| 11   | MORN  | ✓              |    |          |                  |                |           |               |
|      | DAY   | ✓              |    | R        |                  |                |           |               |
|      | EVE   | ✓              |    |          |                  |                |           |               |
| 12   | MORN  | ✓              |    |          |                  |                |           |               |
|      | DAY   | ✓              |    |          |                  |                |           |               |
|      | EVE   | ✓              |    |          |                  |                |           |               |
| 2/13 | MORN  | ✓              |    |          |                  |                |           |               |
|      | DAY   | ✓              |    |          |                  |                |           |               |
|      | EVE   | ✓              | ✓  |          |                  |                |           |               |
| 14   | MORN  | ✓              |    |          |                  |                |           |               |
|      | DAY   | ✓              |    |          |                  |                |           |               |
|      | EVE   | ✓              |    |          |                  |                |           |               |

Pertinent Info: i.e., Epileptic; Diabetic; Suicidal; Assaultive; etc.

Meals: Y (Y), R (R), N (N), Relaxed (R)Exercise: Enter actual Time Period and Inside or Outside (i.e.,  
9:30 AM - 11:00 AM; 2:00 PM - 4:00 PM)

Medical: Physician will sign each time the inmate is seen.

Psych: Psychologist or Counselor will sign each time the inmate is seen.

Comments: Use reverse side for additional comments.

and include date, signature, and title.

OIC Signature: OIC must sign all record sheets each shift.

W.C. Holman  
(INSTITUTION)

# SEGREGATION UNIT RECORD SHEET

INMATE NAME: Maples, Corey AIS NO: W-21024 CELL: G-210  
 VIOLATION OR REASON: \_\_\_\_\_ ADMITTANCE AUTHORIZED BY: \_\_\_\_\_  
 DATE & TIME RECEIVED: \_\_\_\_\_ DATE & TIME RELEASED: \_\_\_\_\_  
 PERTINENT INFORMATION: \_\_\_\_\_

| DATE           | SHIFT | MEALS |   |   | SH | EXERCISE | MEDICAL VISIT | PSYCH VISIT | COMMENTS* | OIC SIGNATURE |
|----------------|-------|-------|---|---|----|----------|---------------|-------------|-----------|---------------|
|                |       | B     | D | S |    |          |               |             |           |               |
| 2/1            | MORN  | ✓     |   |   |    |          |               |             |           | BE            |
|                | DAY   |       |   |   |    |          |               |             |           |               |
|                | EVE   |       |   | ✓ |    |          |               |             |           | BE            |
| 2/2            | MORN  |       |   |   |    |          |               |             |           |               |
|                | DAY   |       | ✓ |   |    |          |               |             |           | nm            |
|                | EVE   |       |   | ✓ |    |          |               |             |           | nm            |
| 2/3            | MORN  |       |   |   |    |          |               |             |           |               |
|                | DAY   |       | ✓ |   |    |          |               |             |           | FB            |
|                | EVE   |       |   | ✓ |    |          |               |             |           |               |
| <del>2/4</del> | MORN  | ✓     |   |   |    |          |               |             |           | cl            |
|                | DAY   |       | ✓ |   |    | R        |               |             |           | FB            |
|                | EVE   |       |   | ✓ |    |          |               |             |           |               |
| 2/5            | MORN  | ✓     |   |   |    |          |               |             |           | BP            |
|                | DAY   |       | ✓ |   |    |          |               |             |           |               |
|                | EVE   |       |   | ✓ |    |          |               |             |           |               |
| 2/6            | MORN  | ✓     |   |   |    |          |               |             |           | RG            |
|                | DAY   |       | ✓ |   |    |          |               |             |           |               |
|                | EVE   |       |   | ✓ |    |          |               |             |           |               |
| 2/7            | MORN  | ✓     |   |   |    |          |               |             |           | RG            |
|                | DAY   |       | ✓ |   |    |          |               |             |           |               |
|                | EVE   |       |   | ✓ |    |          |               |             |           |               |

Maples - DOC

W.C. Holman

(INSTITUTION)

## SEGREGATION UNIT RECORD SHEET

2014

INMATE NAME: Maples CoreyVIOLATION  
OR REASON:DATE & TIME  
RECEIVED:PERTINENT  
INFORMATION:AJS NO: W2624CELL: G-26ADMITTANCE  
AUTHORIZED BY:DATE & TIME  
RELEASED:

| DATE | SHIFT | MEALS<br>B D S | SH | EXERCISE | MEDICAL<br>VISIT | PSYCH<br>VISIT | COMMENTS* | OIC SIGNATURE |
|------|-------|----------------|----|----------|------------------|----------------|-----------|---------------|
| 1/25 | MORN  | ✓              |    |          |                  |                |           | AG            |
|      | DAY   |                |    |          |                  |                |           |               |
|      | EVE   |                |    |          |                  |                |           |               |
| 1/26 | MORN  | ✓              |    |          |                  |                |           | OT            |
|      | DAY   |                |    |          |                  |                |           | ES            |
|      | EVE   |                |    |          |                  |                |           |               |
| 1/27 | MORN  | ✓              |    |          |                  |                |           | ES            |
|      | DAY   |                |    |          |                  |                |           |               |
|      | EVE   |                |    |          |                  |                |           |               |
| 28   | MORN  | ✓              |    |          |                  |                |           | ES            |
|      | DAY   |                |    |          |                  |                |           |               |
|      | EVE   |                |    |          |                  |                |           |               |
| 1/29 | MORN  | ✓              |    |          |                  |                |           | BE            |
|      | DAY   |                |    |          |                  |                |           | BE            |
|      | EVE   |                |    |          |                  |                |           |               |
| 1/30 | MORN  | ✓              |    |          |                  |                |           | AP            |
|      | DAY   |                |    |          |                  |                |           | CS            |
|      | EVE   |                |    |          |                  |                |           | CS            |
| 1/31 | MORN  | ✓              |    |          |                  |                |           | DB            |
|      | DAY   |                |    |          |                  |                |           |               |
|      | EVE   |                |    |          |                  |                |           |               |

Pertinent Info: Is Epileptic; Diabetic; Suicidal; Assaultive; etc.

Medical: Will sign each time the inmate is seen.

Exercise: Enter actual Time Period and inside or Outside (i.e., 8:30 AM - 2:00 PM OUT)

Medical: Physician will sign each time the inmate is seen.

Psych: Psychological Counselor will sign each time the inmate is seen.

Counselor: Use reverse side for additional comments and include date, signature, and title.

OIC Signature: OIC must sign all record sheets each shift.

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000503

W.C. Holman  
(INSTITUTION)

# SEGREGATION UNIT RECORD SHEET

INMATE NAME: Maples, Corey  
 VIOLATION OR REASON: \_\_\_\_\_  
 DATE & TIME RECEIVED: \_\_\_\_\_  
 PERTINENT INFORMATION: \_\_\_\_\_

AIS NO: W-21024 CELL: G-210  
 ADMITTANCE AUTHORIZED BY: \_\_\_\_\_  
 DATE & TIME RELEASED: \_\_\_\_\_

| DATE | SHIFT | MEALS |   |   |   | SH | EXERCISE | MEDICAL VISIT | PSYCH VISIT | COMMENTS* | OIC SIGNATURE |
|------|-------|-------|---|---|---|----|----------|---------------|-------------|-----------|---------------|
|      |       | B     | D | I | S |    |          |               |             |           |               |
| 1/18 | MORN  | ✓     |   |   |   |    |          |               |             |           | CS            |
|      | DAY   |       |   |   |   |    |          |               |             |           | CS            |
|      | EVE   |       |   |   | ✓ |    |          |               |             |           | JP            |
| 1/19 | MORN  | ✓     |   |   |   |    |          |               |             |           | JP            |
|      | DAY   |       |   |   |   |    |          |               |             |           | JP            |
|      | EVE   |       |   |   |   |    |          |               |             |           | JP            |
| 1/20 | MORN  | ✓     |   |   |   |    |          |               |             |           | JP            |
|      | DAY   |       |   |   |   |    |          |               |             |           | JP            |
|      | EVE   |       |   |   |   |    |          |               |             |           | JP            |
| 1/21 | MORN  | ✓     |   |   |   |    |          |               |             |           | JP            |
|      | DAY   |       |   |   |   |    |          |               |             |           | JP            |
|      | EVE   |       |   |   |   |    |          |               |             |           | JP            |
| 1/22 | MORN  | ✓     |   |   |   |    | R        |               |             |           | JP            |
|      | DAY   |       |   |   |   |    |          |               |             |           | JP            |
|      | EVE   |       |   |   |   |    |          |               |             |           | JP            |
| 23   | MORN  | ✓     |   |   |   |    |          |               |             |           | JP            |
|      | DAY   |       |   |   |   |    |          |               |             |           | JP            |
|      | EVE   |       |   |   |   |    |          |               |             |           | JP            |
| 24   | MORN  | ✓     |   |   |   |    |          |               |             |           | JP            |
|      | DAY   |       |   |   |   |    |          |               |             |           | JP            |
|      | EVE   |       |   |   |   |    |          |               |             |           | JP            |

Pertinent Info: i.e., Epileptic; Diabetic; Suicidal; Assaultive; etc.  
 Meals/ SH: Shower-Yes (Y); No (N); Refused (R)  
 Exercise: Enter Actual Time Period and Inside or Outside (i.e.,

Maples - DOC  
000504

**W.C. Holman**

(INSTITUTION)

**SEGREGATION UNIT RECORD SHEET****2015**INMATE NAME: Maples CoreyVIOLATION  
OR REASON:DATE & TIME  
RECEIVED:PERTINENT  
INFORMATION:AJS NO: W2624CELL: G-26ADMITTANCE  
AUTHORIZED BY:DATE & TIME  
RELEASED:

| DATE | SHIFT | MEALS<br>B I D I S | SH | EXERCISE | MEDICAL<br>VISIT | PSYCH<br>VISIT | COMMENTS* | OIC SIGNATURE |
|------|-------|--------------------|----|----------|------------------|----------------|-----------|---------------|
| 1/11 | MORN  | ✓                  |    |          |                  |                |           | RG            |
|      | DAY   |                    | ✓  |          |                  |                |           | RG            |
|      | EVE   |                    |    |          |                  |                |           | RG            |
| 1/12 | MORN  | ✓                  |    |          |                  |                |           | RG            |
|      | DAY   | ✓                  | ✓  | ✓        |                  |                |           | RG            |
|      | EVE   |                    | ✓  |          |                  |                |           | RG            |
| 1/13 | MORN  | ✓                  |    |          |                  |                |           | RG            |
|      | DAY   |                    | ✓  | ✓        |                  |                |           | RG            |
|      | EVE   |                    | ✓  |          |                  |                |           | RG            |
| 1/14 | MORN  | ✓                  |    |          |                  |                |           | RG            |
|      | DAY   | ✓                  | ✓  |          |                  |                |           | RG            |
|      | EVE   |                    | ✓  |          |                  |                |           | RG            |
| 1/15 | MORN  | ✓                  |    |          |                  |                |           | RG            |
|      | DAY   | ✓                  | ✓  |          |                  |                |           | RG            |
|      | EVE   |                    | ✓  |          |                  |                |           | RG            |
| 1/16 | MORN  | ✓                  |    |          |                  |                |           | RG            |
|      | DAY   | ✓                  | ✓  |          |                  |                |           | RG            |
|      | EVE   |                    | ✓  |          |                  |                |           | RG            |
| 1/17 | MORN  | ✓                  |    |          |                  |                |           | RG            |
|      | DAY   | ✓                  | ✓  |          |                  |                |           | RG            |
|      | EVE   |                    | ✓  |          |                  |                |           | RG            |

Pertinent Info: i.e., Epileptic; Diabetic; Suicidal; Assaultive; etc.

Medical: Yes (Y), No (N), Noted (N)

Exercise: Enter actual Time Period and Inside or Outside (i.e., 9:00/2:00 IN; 2:00/2:30 OUT)

Medical: Physician will sign each time the inmate is seen.

Psych: Psychologist/Counselor will sign each time the inmate is seen.

Comments: Use reverse side for additional comments and include date, signature, and title.

OIC Signature: OIC must sign all record sheets each shift.

W.C. Holman

(INSTITUTION)

## SEGREGATION UNIT RECORD SHEET

INMATE NAME: Maples, CoreyAIS NO: W-21024 CELL: B-210VIOLATION  
OR REASON: \_\_\_\_\_ADMITTANCE  
AUTHORIZED BY: \_\_\_\_\_DATE & TIME  
RECEIVED: \_\_\_\_\_DATE & TIME  
RELEASED: \_\_\_\_\_PERTINENT  
INFORMATION: \_\_\_\_\_

| DATE | SHIFT | MEALS |   |   | SH | EXERCISE | MEDICAL<br>VISIT | PSYCH<br>VISIT | COMMENTS* | OIC SIGNATURE |
|------|-------|-------|---|---|----|----------|------------------|----------------|-----------|---------------|
|      |       | B     | D | S |    |          |                  |                |           |               |
| 1/4  | MORN  | ✓     |   |   |    |          |                  |                |           | DL            |
|      | DAY   |       |   |   |    |          |                  |                |           |               |
|      | EVE   |       |   | ✓ | ✓  |          |                  |                |           | DL            |
| 5    | MORN  | ✓     |   |   |    |          |                  |                |           | DL            |
|      | DAY   |       |   |   |    |          |                  |                |           |               |
|      | EVE   |       |   |   |    |          |                  |                |           |               |
| 6    | MORN  | ✓     |   |   |    |          |                  |                |           | DL            |
|      | DAY   |       |   |   |    |          |                  |                |           | DL            |
|      | EVE   |       |   | ✓ |    |          |                  |                |           | DL            |
| 7    | MORN  | ✓     |   |   |    |          |                  |                |           | DL            |
|      | DAY   |       |   |   |    |          |                  |                |           | DL            |
|      | EVE   |       |   |   |    |          |                  |                |           | DL            |
| 8    | MORN  | ✓     |   |   |    |          |                  |                |           | DL            |
|      | DAY   |       |   |   |    |          |                  |                |           | DL            |
|      | EVE   |       |   | ✓ |    |          |                  |                |           | DL            |
| 9    | MORN  | ✓     |   |   |    |          |                  |                |           | DL            |
|      | DAY   |       |   |   |    |          |                  |                |           | DL            |
|      | EVE   |       |   |   |    |          |                  |                |           | DL            |
| 10   | MORN  | ✓     |   |   |    |          |                  |                |           | DL            |
|      | DAY   |       |   |   |    |          |                  |                |           | DL            |
|      | EVE   |       |   |   |    |          |                  |                |           | DL            |

Pertinent Info: i.e., Epileptic; Diabetic; Suicidal; Assaultive; etc.  
 Meals/SH: Shower- Yes (Y); No (N); Refused (R)

Maples - DOC  
 000506



W.C. Holman

(INSTITUTION)

2014

## SEGREGATION UNIT RECORD SHEET

INMATE NAME: Maples CoreyVIOLATION  
OR REASON:DATE & TIME  
RECEIVED:PERTINENT  
INFORMATION:AIS NO: W2624CELL: G-26ADMITTANCE  
AUTHORIZED BY:DATE & TIME  
RELEASED:

| DATE  | SHIFT | MEALS |   |   | SH | EXERCISE | MEDICAL<br>VISIT | PSYCH<br>VISIT | COMMENTS | OIC SIGNATURE |
|-------|-------|-------|---|---|----|----------|------------------|----------------|----------|---------------|
|       |       | B     | D | S |    |          |                  |                |          |               |
| 12/29 | MORN  | ✓     |   |   |    |          |                  |                |          | CA<br>CS      |
|       | DAY   | ✓     |   |   |    |          |                  |                |          |               |
|       | EVE   | ✓     | ✓ |   |    |          |                  |                |          |               |
| 30    | MORN  | ✓     |   |   |    |          |                  |                |          | CS<br>FS      |
|       | DAY   | ✓     |   |   |    |          |                  |                |          |               |
|       | EVE   |       |   |   |    |          |                  |                |          |               |
| 12/31 | MORN  | ✓     |   |   |    |          |                  |                |          | JK            |
|       | DAY   |       |   |   |    |          |                  |                |          |               |
|       | EVE   |       |   |   |    |          |                  |                |          |               |
| 1/1   | MORN  | ✓     |   |   |    |          |                  |                |          | CA            |
|       | DAY   |       |   |   |    |          |                  |                |          |               |
|       | EVE   |       |   |   |    |          |                  |                |          |               |
| 1-3   | MORN  | ✓     |   |   |    |          |                  |                |          |               |
|       | DAY   | ✓     |   |   |    |          |                  |                |          |               |
|       | EVE   | ✓     |   |   |    |          |                  |                |          |               |
|       | MORN  |       |   |   |    |          |                  |                |          |               |
|       | DAY   |       |   |   |    |          |                  |                |          |               |
|       | EVE   |       |   |   |    |          |                  |                |          |               |
|       | MORN  |       |   |   |    |          |                  |                |          |               |
|       | DAY   |       |   |   |    |          |                  |                |          |               |
|       | EVE   |       |   |   |    |          |                  |                |          |               |

Pertinent Info: i.e., Epileptic; Diabetic; Suicidal; Assaultive; etc.

Medical: Physician will sign each time the inmate is seen.

Exercise: Enter actual Time Period and Inside or Outside (i.e., 8:00 AM to 10:00 AM IN; 2:00 PM to 4:00 PM OUT)

Medical: Physician will sign each time the inmate is seen.

Psych: Psychologist or Counselor will sign each time the inmate is seen.

Comments: Use reverse side for additional comments and include date, signature, and title.

OIC Signature: OIC must sign all record sheets each shift.

W.C. Holman CF  
(INSTITUTION)

### SEGREGATION UNIT RECORD SHEET

INMATE NAME: Maples, Corey AIS NO. W-21024 CELL: G-210  
 VIOLATION OR REASON: \_\_\_\_\_ ADMITTANCE AUTH. BY: \_\_\_\_\_  
 DATE & TIME RECEIVED: \_\_\_\_\_ DATE & TIME RELEASED: \_\_\_\_\_  
 PERTINENT INFORMATION: \_\_\_\_\_

| DATE      | SHIFT | MEALS |   |   | SH | EXERCISE | MEDI<br>-CAL<br>VISIT | PSYCH<br>VISIT | COMMENTS * | OIC SIGNATURE |
|-----------|-------|-------|---|---|----|----------|-----------------------|----------------|------------|---------------|
|           |       | B     | D | S |    |          |                       |                |            |               |
| 1<br>6/23 | MORN  | ✓     |   |   |    |          |                       |                |            | ST<br>TR      |
|           | DAY   |       | ✓ |   |    |          |                       |                |            |               |
|           | EVE   |       |   | ✓ |    |          |                       |                |            |               |
| 2<br>6/24 | MORN  | ✓     |   |   |    |          |                       |                |            | M.P.<br>K     |
|           | DAY   |       | ✓ |   |    |          |                       |                |            |               |
|           | EVE   |       |   | ✓ |    |          |                       |                |            |               |
| 3<br>6/25 | MORN  | ✓     |   |   |    |          |                       |                |            | OK<br>TR      |
|           | DAY   |       | ✓ |   |    |          |                       |                |            |               |
|           | EVE   |       |   | ✓ |    |          |                       |                |            |               |
| 4<br>6/27 | MORN  | ✓     |   |   |    |          |                       |                |            | M.P.          |
|           | DAY   |       |   |   |    |          |                       |                |            |               |
|           | EVE   |       |   |   |    |          |                       |                |            |               |
| 5         | MORN  |       |   |   |    |          |                       |                |            |               |
|           | DAY   |       |   |   |    |          |                       |                |            |               |
|           | EVE   |       |   |   |    |          |                       |                |            |               |
| 6         | MORN  |       |   |   |    |          |                       |                |            |               |
|           | DAY   |       |   |   |    |          |                       |                |            |               |
|           | EVE   |       |   |   |    |          |                       |                |            |               |
| 7         | MORN  |       |   |   |    |          |                       |                |            |               |
|           | DAY   |       |   |   |    |          |                       |                |            |               |
|           | EVE   |       |   |   |    |          |                       |                |            |               |

Pertinent Info: i.e. - Epileptic, Diabetic, Suicidal, Assaultive

Meals/SH: Shower - Yes (Y) or No (N), Refused (R)

Exercise: Enter actual time period and Inside or Outside

Medical: Physician will sign each time the inmate is seen.

Psych: Psychological Counselor will sign each time the inmate is seen.

Comments: i.e. - Conduct, attitude \*Use reverse side for additional comments and include date, signature, and title.

OIC Signature: OIC must sign all record sheets each shift.

ADOC Form 434-A, December 22, 2004

W.C. Holman

(INSTITUTION)

## SEGREGATION UNIT RECORD SHEET

2015

INMATE NAME: Maples CoreyVIOLATION  
OR REASON:DATE & TIME  
RECEIVED:PERTINENT  
INFORMATION:AJS NO: W2624CELL: G-26

ADMITTANCE:

AUTHORIZED BY:

DATE &amp; TIME

RELEASED:

| DATE | SHIFT | MEALS |   |   | SH | EXERCISE | MEDICAL<br>VISIT | PSYCH<br>VISIT | COMMENTS* | OIC SIGNATURE |
|------|-------|-------|---|---|----|----------|------------------|----------------|-----------|---------------|
|      |       | B     | D | S |    |          |                  |                |           |               |
| 6/15 | MORN  | ✓     |   |   |    |          |                  |                |           | M.P.          |
|      | DAY   | ✓     |   |   |    |          |                  |                |           |               |
|      | EVE   | ✓     |   |   |    |          |                  |                |           |               |
| 6/16 | MORN  | ✓     |   |   |    |          |                  |                |           | JK<br>TS      |
|      | DAY   | ✓     |   |   |    |          |                  |                |           |               |
|      | EVE   | ✓     |   |   |    |          |                  |                |           |               |
| 6/17 | MORN  |       |   |   |    |          |                  |                |           | TS            |
|      | DAY   |       |   |   |    | R        |                  |                |           |               |
|      | EVE   |       |   |   |    |          |                  |                |           |               |
| 6/18 | MORN  |       |   |   |    |          |                  |                |           | TS            |
|      | DAY   |       |   |   |    |          |                  |                |           |               |
|      | EVE   |       |   |   |    |          |                  |                |           |               |
| 6/20 | MORN  | ✓     |   |   |    |          |                  |                |           | TS            |
|      | DAY   | ✓     |   |   |    |          |                  |                |           |               |
|      | EVE   | ✓     |   |   |    |          |                  |                |           |               |
|      | MORN  |       |   |   |    |          |                  |                |           |               |
|      | DAY   |       |   |   |    |          |                  |                |           |               |
|      | EVE   |       |   |   |    |          |                  |                |           |               |
|      | MORN  |       |   |   |    |          |                  |                |           |               |
|      | DAY   |       |   |   |    |          |                  |                |           |               |
|      | EVE   |       |   |   |    |          |                  |                |           |               |

Pertinent Info: i.e., Epileptic; Diabetic; Suicidal; Assaultive; etc.

Exercise: Enter actual Time Period and Inside or Outside (i.e.,

3:00-4:00 PM; 2:00-2:30 PM)

Medical: Physician will sign each time the inmate is seen.

Psych: Psychologist/Counselor will sign each time the inmate is seen.

Comments: Use reverse side for additional comments.

OIC Signature: OIC must sign all record sheets each shift.

W.C. Holman CF  
(INSTITUTION)

### SEGREGATION UNIT RECORD SHEET

INMATE NAME: Maples, Corey AIS NO. W-21624 CELL: G-216  
 VIOLATION OR REASON: \_\_\_\_\_ ADMITTANCE AUTH. BY: \_\_\_\_\_  
 DATE & TIME RECEIVED: \_\_\_\_\_ DATE & TIME RELEASED: \_\_\_\_\_  
 PERTINENT INFORMATION: \_\_\_\_\_

| DATE         | SHIFT | MEALS |   |   | SH | EXERCISE | MEDI<br>-CAL<br>VISIT | PSYCH<br>VISIT | COMMENTS * | OIC SIGNATURE |
|--------------|-------|-------|---|---|----|----------|-----------------------|----------------|------------|---------------|
|              |       | B     | D | S |    |          |                       |                |            |               |
| 1<br>6/8/15  | MORN  | ✓     |   |   |    |          |                       |                |            | OK            |
|              | DAY   |       |   |   |    |          |                       |                |            |               |
|              | EVE   |       |   |   |    |          |                       |                |            |               |
| 2<br>6/9     | MORN  | ✓     |   |   |    |          |                       |                |            | M.P.          |
|              | DAY   |       |   |   |    |          |                       |                |            |               |
|              | EVE   |       |   | ✓ |    |          |                       |                |            |               |
| 3<br>6/10    | MORN  | ✓     |   |   |    |          |                       |                |            | RR<br>KS      |
|              | DAY   |       |   |   |    |          |                       |                |            |               |
|              | EVE   |       |   |   |    |          |                       |                |            |               |
| 4<br>6-11-15 | MORN  | ✓     |   |   |    |          |                       |                |            | OK            |
|              | DAY   | ✓     |   |   |    |          |                       |                |            |               |
|              | EVE   |       |   |   |    |          |                       |                |            |               |
| 5<br>6/12    | MORN  | ✓     |   |   |    |          |                       |                |            | M.P.          |
|              | DAY   |       |   |   |    |          |                       |                |            |               |
|              | EVE   |       |   |   |    |          |                       |                |            |               |
| 6<br>6/13    | MORN  | ✓     |   |   |    |          |                       |                |            | RR            |
|              | DAY   |       |   |   |    |          |                       |                |            |               |
|              | EVE   |       |   |   |    |          |                       |                |            |               |
| 7            | MORN  |       |   |   |    |          |                       |                |            |               |
|              | DAY   |       |   |   |    |          |                       |                |            |               |
|              | EVE   |       |   |   |    |          |                       |                |            |               |

Pertinent Info: i.e. - Epileptic, Diabetic, Suicidal, Assaultive

Meals/SH: Shower - Yes (Y) or No (N), Refused (R)

Exercise: Enter actual time period and Inside or Outside

Medical: Physician will sign each time the inmate is seen.

Psych: Psychological Counselor will sign each time the inmate is seen.

Comments: i.e. - Conduct, attitude \*Use reverse side for additional comments and include date, signature, and title.

OIC Signature: OIC must sign all record sheets each shift.

ADOC Form 434-A, December 22, 2004

W.C. Holman

(INSTITUTION)

## SEGREGATION UNIT RECORD SHEET

2015

INMATE NAME: Maples CoreVIOLATION  
OR REASON:DATE & TIME  
RECEIVED:PERTINENT  
INFORMATION:AJS NO: W2624CELL: G-26ADMITTANCE  
AUTHORIZED BY:DATE & TIME  
RELEASED:

| DATE | SHIFT | MEALS |   |   | SH | EXERCISE | MEDICAL<br>VISIT | PSYCH<br>VISIT | COMMENTS* | OIC SIGNATURE |
|------|-------|-------|---|---|----|----------|------------------|----------------|-----------|---------------|
|      |       | B     | D | S |    |          |                  |                |           |               |
|      | MORN  |       |   |   |    |          |                  |                |           |               |
|      | DAY   |       |   |   |    |          |                  |                |           |               |
|      | EVE   |       |   |   |    |          |                  |                |           |               |
| 6/2  | MORN  | ✓     |   |   |    | R        |                  |                |           | ED            |
|      | DAY   | ✓     |   |   |    |          |                  |                |           | FS            |
|      | EVE   |       |   |   |    |          |                  |                |           |               |
| 6/3  | MORN  | ✓     |   |   |    |          |                  |                |           |               |
|      | DAY   | ✓     |   |   |    |          |                  |                |           | JK            |
|      | EVE   |       |   |   |    |          |                  |                |           |               |
| 6/4  | MORN  | ✓     |   |   |    |          |                  |                |           |               |
|      | DAY   | ✓     |   |   |    |          |                  |                |           | AS            |
|      | EVE   |       |   |   |    |          |                  |                |           |               |
| 6/6  | MORN  |       |   |   |    |          |                  |                |           |               |
|      | DAY   | ✓     |   |   |    |          |                  |                |           | ED            |
|      | EVE   |       |   |   |    |          |                  |                |           | ED            |
|      | MORN  |       |   |   |    |          |                  |                |           |               |
|      | DAY   |       |   |   |    |          |                  |                |           |               |
|      | EVE   |       |   |   |    |          |                  |                |           |               |
|      | MORN  |       |   |   |    |          |                  |                |           |               |
|      | DAY   |       |   |   |    |          |                  |                |           |               |
|      | EVE   |       |   |   |    |          |                  |                |           |               |

Pertinent Info: i.e., Epileptic; Diabetic; Suicidal; Assaultive; etc.

Exercise: Enter actual Time Period and Inside or Outside (i.e., 8:00 AM - 2:00 PM OUT)

Medical: Physician will sign each time the inmate is seen.

Psych: Psychologist or Counselor will sign each time the inmate is seen.

OIC Signature: OIC must sign all record sheets each shift.



W.C. Holman

(INSTITUTION)

2015

## SEGREGATION UNIT RECORD SHEET

INMATE NAME: Maples CoreyVIOLATION  
OR REASON:DATE & TIME  
RECEIVED:PERTINENT  
INFORMATION:AJS NO: W2624CELL: G-26ADMITTANCE  
AUTHORIZED BY:DATE & TIME  
RELEASED:

| DATE | SHIFT | MEALS<br>B-D-S | SH | EXERCISE | MEDICAL<br>VISIT | PSYCH<br>VISIT | COMMENTS* | OIC SIGNATURE |
|------|-------|----------------|----|----------|------------------|----------------|-----------|---------------|
| 5/18 | MORN  | /              |    |          |                  |                |           | MF            |
|      | DAY   | /              |    |          |                  |                |           |               |
|      | EVE   | /              |    |          |                  |                |           |               |
| 5/19 | MORN  | /              |    |          |                  |                |           | JK            |
|      | DAY   | /              |    |          |                  |                |           | AL            |
|      | EVE   | /              |    |          |                  |                |           | JK            |
| 5/20 | MORN  | /              |    |          |                  |                |           |               |
|      | DAY   | /              |    |          |                  |                |           |               |
|      | EVE   | /              |    |          |                  |                |           |               |
| 5/21 | MORN  | /              |    | N        |                  |                |           | EW            |
|      | DAY   | /              |    |          |                  |                |           | EW            |
|      | EVE   | /              |    |          |                  |                |           |               |
| 5/22 | MORN  | /              |    |          |                  |                |           | TR            |
|      | DAY   | /              |    |          |                  |                |           | MF            |
|      | EVE   | /              |    |          |                  |                |           |               |
| 5/23 | MORN  | /              |    |          |                  |                |           | 28            |
|      | DAY   | /              |    |          |                  |                |           | MF            |
|      | EVE   | /              |    |          |                  |                |           |               |
|      | MORN  |                |    |          |                  |                |           |               |
|      | DAY   |                |    |          |                  |                |           |               |
|      | EVE   |                |    |          |                  |                |           |               |

Pertinent Info: i.e., Epileptic; Diabetic; Suicidal; Assaultive; etc.

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W.C. Holman CF  
(INSTITUTION)

### SEGREGATION UNIT RECORD SHEET

INMATE NAME: Maples Corey AIS NO. W-21024 CELL: G-210  
 VIOLATION OR REASON: \_\_\_\_\_ ADMITTANCE AUTH. BY: \_\_\_\_\_  
 DATE & TIME RECEIVED: \_\_\_\_\_ DATE & TIME RELEASED: \_\_\_\_\_  
 PERTINENT INFORMATION: \_\_\_\_\_

| DATE         | SHIFT | MEALS |   |   | SH | EXERCISE | MEDI<br>-CAL<br>VISIT | PSYCH<br>VISIT | COMMENTS * | OIC SIGNATURE |
|--------------|-------|-------|---|---|----|----------|-----------------------|----------------|------------|---------------|
|              |       | B     | D | S |    |          |                       |                |            |               |
| 1<br>5/28    | MORN  | ✓     |   |   |    |          |                       |                |            | MF            |
|              | DAY   |       |   |   |    |          |                       |                |            | MF            |
|              | EVE   |       |   | ✓ |    |          |                       |                |            | MF            |
| 2            | MORN  |       |   |   |    |          |                       |                |            |               |
|              | DAY   |       |   |   |    |          |                       |                |            |               |
|              | EVE   |       |   |   |    |          |                       |                |            |               |
| 3            | MORN  |       |   |   |    |          |                       |                |            |               |
|              | DAY   |       |   |   |    |          |                       |                |            |               |
|              | EVE   |       |   |   |    |          |                       |                |            |               |
| 4<br>5/21    | MORN  |       |   |   |    |          |                       |                |            | KS            |
|              | DAY   |       |   |   |    |          |                       |                |            |               |
|              | EVE   |       |   |   |    |          |                       |                |            |               |
| 5<br>5/28/15 | MORN  | Y     |   |   |    |          |                       |                |            | JK            |
|              | DAY   |       |   |   |    |          |                       |                |            |               |
|              | EVE   |       |   |   |    |          |                       |                |            |               |
| 6            | MORN  |       |   |   |    |          |                       |                |            |               |
|              | DAY   |       |   |   |    |          |                       |                |            |               |
|              | EVE   |       |   |   |    |          |                       |                |            |               |
| 7            | MORN  |       |   |   |    |          |                       |                |            |               |
|              | DAY   |       |   |   |    |          |                       |                |            |               |
|              | EVE   |       |   |   |    |          |                       |                |            |               |

Pertinent Info: i.e. - Epileptic, Diabetic, Suicidal, Assaultive

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ADOC Form 434-A, December 22, 2004

W.C. Holman CF  
(INSTITUTION)

### SEGREGATION UNIT RECORD SHEET

INMATE NAME: Maples, Corey AIS NO. W-21024 CELL: G-210  
 VIOLATION OR REASON: \_\_\_\_\_ ADMITTANCE AUTH. BY: \_\_\_\_\_  
 DATE & TIME RECEIVED: \_\_\_\_\_ DATE & TIME RELEASED: \_\_\_\_\_  
 PERTINENT INFORMATION: \_\_\_\_\_

| DATE         | SHIFT | MEALS |   |   | SH | EXERCISE | MEDI<br>-CAL<br>VISIT | PSYCH<br>VISIT | COMMENTS * | OIC SIGNATURE |
|--------------|-------|-------|---|---|----|----------|-----------------------|----------------|------------|---------------|
|              |       | B     | D | S |    |          |                       |                |            |               |
| 1<br>5/11/15 | MORN  | ✓     |   |   |    |          |                       |                |            | JR            |
|              | DAY   |       |   |   |    |          |                       |                |            |               |
|              | EVE   |       |   |   |    |          |                       |                |            |               |
| 2<br>5/13    | MORN  |       |   |   |    |          |                       |                |            | JS<br>FS      |
|              | DAY   |       |   |   |    |          |                       |                |            |               |
|              | EVE   |       |   |   |    |          |                       |                |            |               |
| 3<br>5/14    | MORN  | ✓     |   |   |    |          |                       |                |            | DL<br>NF      |
|              | DAY   |       |   |   |    |          |                       |                |            |               |
|              | EVE   |       |   |   |    |          |                       |                |            |               |
| 4<br>5/15    | MORN  | ✓     |   |   |    |          |                       |                |            | ST            |
|              | DAY   |       |   |   |    |          |                       |                |            |               |
|              | EVE   |       |   |   |    |          |                       |                |            |               |
| 5            | MORN  |       |   |   |    |          |                       |                |            |               |
|              | DAY   |       |   |   |    |          |                       |                |            |               |
|              | EVE   |       |   |   |    |          |                       |                |            |               |
| 6            | MORN  |       |   |   |    |          |                       |                |            |               |
|              | DAY   |       |   |   |    |          |                       |                |            |               |
|              | EVE   |       |   |   |    |          |                       |                |            |               |
| 7            | MORN  |       |   |   |    |          |                       |                |            |               |
|              | DAY   |       |   |   |    |          |                       |                |            |               |
|              | EVE   |       |   |   |    |          |                       |                |            |               |

Pertinent Info: i.e. - Epileptic, Diabetic, Suicidal, Assaultive

Meals/SH: Shower - Yes (Y) or No (N), Refused (R)

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ADOC Form 434-A, December 22, 2004

**W.C. Holman**

(INSTITUTION)

**2015****SEGREGATION UNIT RECORD SHEET**INMATE NAME: **Maples Corey**VIOLATION  
OR REASON:DATE & TIME  
RECEIVED:PERTINENT  
INFORMATION:AJS NO: **W2624**CELL: **G-26**ADMITTANCE  
AUTHORIZED BY:DATE & TIME  
RELEASED:

| DATE          | SHIFT | MEALS<br>B-D-T-S                    | SH | EXERCISE | MEDICAL<br>VISIT | PSYCH<br>VISIT | COMMENTS* | OIC SIGNATURE |
|---------------|-------|-------------------------------------|----|----------|------------------|----------------|-----------|---------------|
| <b>5/5/15</b> | MORN  | <input checked="" type="checkbox"/> |    |          |                  |                |           | <b>JK</b>     |
|               | DAY   | <input checked="" type="checkbox"/> |    |          |                  |                |           | <b>JK</b>     |
|               | EVE   | <input checked="" type="checkbox"/> |    |          |                  |                |           | <b>JK</b>     |
| <b>5/6</b>    | MORN  | <input checked="" type="checkbox"/> |    |          |                  |                |           | <b>JK</b>     |
|               | DAY   | <input checked="" type="checkbox"/> |    |          |                  |                |           | <b>JK</b>     |
|               | EVE   | <input checked="" type="checkbox"/> |    |          |                  |                |           | <b>JK</b>     |
| <b>7</b>      | MORN  | <input checked="" type="checkbox"/> |    |          |                  |                |           | <b>JK</b>     |
|               | DAY   | <input checked="" type="checkbox"/> |    |          |                  |                |           | <b>JK</b>     |
|               | EVE   | <input checked="" type="checkbox"/> |    |          |                  |                |           | <b>JK</b>     |
| <b>8</b>      | MORN  | <input checked="" type="checkbox"/> |    |          |                  |                |           | <b>JK</b>     |
|               | DAY   | <input checked="" type="checkbox"/> |    |          |                  |                |           | <b>JK</b>     |
|               | EVE   | <input checked="" type="checkbox"/> |    |          |                  |                |           | <b>JK</b>     |
| <b>5/9/15</b> | MORN  | <input checked="" type="checkbox"/> |    |          |                  |                |           | <b>JK</b>     |
|               | DAY   | <input checked="" type="checkbox"/> |    |          |                  |                |           | <b>JK</b>     |
|               | EVE   | <input checked="" type="checkbox"/> |    |          |                  |                |           | <b>JK</b>     |
|               | MORN  | <input checked="" type="checkbox"/> |    |          |                  |                |           | <b>JK</b>     |
|               | DAY   | <input checked="" type="checkbox"/> |    |          |                  |                |           | <b>JK</b>     |
|               | EVE   | <input checked="" type="checkbox"/> |    |          |                  |                |           | <b>JK</b>     |
|               | MORN  | <input checked="" type="checkbox"/> |    |          |                  |                |           | <b>JK</b>     |
|               | DAY   | <input checked="" type="checkbox"/> |    |          |                  |                |           | <b>JK</b>     |
|               | EVE   | <input checked="" type="checkbox"/> |    |          |                  |                |           | <b>JK</b>     |

Pertinent Info: i.e., Epileptic; Diabetic; Suicidal; Assaultive; etc.

Medical: Physical Exam (M/P) (N) (P) (R) (S) (T) (U) (V) (W) (X) (Y) (Z) (AA) (AB) (AC) (AD) (AE) (AF) (AG) (AH) (AI) (AJ) (AK) (AL) (AM) (AN) (AO) (AP) (AQ) (AR) (AS) (AT) (AU) (AV) (AW) (AX) (AY) (AZ) (BA) (BB) (BC) (BD) (BE) (BF) (BG) (BH) (BI) (BJ) (BK) (BL) (BM) (BN) (BO) (BP) (BQ) (BR) (BS) (BT) (BU) (BV) (BW) (BX) (BY) (BZ) (CA) (CB) (CC) (CD) (CE) (CF) (CG) (CH) (CI) (CJ) (CK) (CL) (CM) (CN) (CO) (CP) (CQ) (CR) (CS) (CT) (CU) (CV) (CW) (CX) (CY) (CZ) (DA) (DB) (DC) (DD) (DE) (DF) (DG) (DH) (DI) (DJ) (DK) (DL) (DM) (DN) (DO) (DP) (DQ) (DR) (DS) (DT) (DU) (DV) (DW) (DX) (DY) (DZ) (EA) (EB) (EC) (ED) (EE) (EF) (EG) (EH) (EI) (EJ) (EK) (EL) (EM) (EN) (EO) (EP) (EQ) (ER) (ES) (ET) (EU) (EV) (EW) (EX) (EY) (EZ) (FA) (FB) (FC) (FD) (FE) (FF) (FG) (FH) (FI) (FJ) (FK) (FL) (FM) (FN) (FO) (FP) (FQ) (FR) (FS) (FT) (FU) (FV) (FW) (FX) (FY) (FZ) (GA) (GB) (GC) (GD) (GE) (GF) (GG) (GH) (GI) (GJ) (GK) (GL) (GM) (GN) (GO) (GP) (GQ) (GR) (GS) (GT) (GU) (GV) (GW) (GX) (GY) (GZ) (HA) (HB) (HC) (HD) (HE) (HF) (HG) (HH) (HI) (HJ) (HK) (HL) (HM) (HN) (HO) (HP) (HQ) (HR) (HS) (HT) (HU) (HV) (HW) (HX) (HY) (HZ) (IA) (IB) (IC) (ID) (IE) (IF) (IG) (IH) (II) (IJ) (IK) (IL) (IM) (IN) (IO) (IP) (IQ) (IR) (IS) (IT) (IU) (IV) (IW) (IX) (IY) (IZ) (JA) (JB) (JC) (JD) (JE) (JF) (JG) (JH) (JI) (JJ) (JK) (JL) (JM) (JN) (JO) (JP) (JQ) (JR) (JS) (JT) (JU) (JV) (JW) (JX) (JY) (JZ) (KA) (KB) (KC) (KD) (KE) (KF) (KG) (KH) (KI) (KJ) (KK) (KL) (KM) (KN) (KO) (KP) (KQ) (KR) (KS) (KT) (KU) (KV) (KW) (KX) (KY) (KZ) (LA) (LB) (LC) (LD) (LE) (LF) (LG) (LH) (LI) (LJ) (LK) (LL) (LM) (LN) (LO) (LP) (LQ) (LR) (LS) (LT) (LU) (LV) (LW) (LX) (LY) (LZ) (MA) (MB) (MC) (MD) (ME) (MF) (MG) (MH) (MI) (MJ) (MK) (ML) (MM) (MN) (MO) (MP) (MQ) (MR) (MS) (MT) (MU) (MV) (MW) (MX) (MY) (MZ) (NA) (NB) (NC) (ND) (NE) (NF) (NG) (NH) (NI) (NJ) (NK) (NL) (NM) (NN) (NO) (NP) (NQ) (NR) (NS) (NT) (NU) (NV) (NW) (NX) (NY) (NZ) (OA) (OB) (OC) (OD) (OE) (OF) (OG) (OH) (OI) (OJ) (OK) (OL) (OM) (ON) (OO) (OP) (OQ) (OR) (OS) (OT) (OU) (OV) (OW) (OX) (OY) (OZ) (PA) (PB) (PC) (PD) (PE) (PF) (PG) (PH) (PI) (PJ) (PK) (PL) (PM) (PN) (PO) (PP) (PQ) (PR) (PS) (PT) (PU) (PV) (PW) (PX) (PY) (PZ) (QA) (QB) (QC) (QD) (QE) (QF) (QG) (QH) (QI) (QJ) (QK) (QL) (QM) (QN) (QO) (QP) (QQ) (QR) (QS) (QT) (QU) (QV) (QW) (QX) (QY) (QZ) (RA) (RB) (RC) (RD) (RE) (RF) (RG) (RH) (RI) (RJ) (RK) (RL) (RM) (RN) (RO) (RP) (RQ) (RR) (RS) (RT) (RU) (RV) (RW) (RX) (RY) (RZ) (SA) (SB) (SC) (SD) (SE) (SF) (SG) (SH) (SI) (SJ) (SK) (SL) (SM) (SN) (SO) (SP) (SQ) (SR) (SS) (ST) (SU) (SV) (SW) (SX) (SY) (SZ) (TA) (TB) (TC) (TD) (TE) (TF) (TG) (TH) (TI) (TJ) (TK) (TL) (TM) (TN) (TO) (TP) (TQ) (TR) (TS) (TT) (TU) (TV) (TW) (TX) (TY) (TZ) (UA) (UB) (UC) (UD) (UE) (UF) (UG) (UH) (UI) (UJ) (UK) (UL) (UM) (UN) (UO) (UP) (UQ) (UR) (US) (UT) (UU) (UV) (UW) (UX) (UY) (UZ) (VA) (VB) (VC) (VD) (VE) (VF) (VG) (VH) (VI) (VJ) (VK) (VL) (VM) (VN) (VO) (VP) (VQ) (VR) (VS) (VT) (VU) (VV) (VW) (VX) (VY) (VZ) (WA) (WB) (WC) (WD) (WE) (WF) (WG) (WH) (WI) (WJ) (WK) (WL) (WM) (WN) (WO) (WP) (WQ) (WR) (WS) (WT) (WU) (WV) (WW) (WX) (WY) (WZ) (XA) (XB) (XC) (XD) (XE) (XF) (XG) (XH) (XI) (XJ) (XK) (XL) (XM) (XN) (XO) (XP) (XQ) (XR) (XS) (XT) (XU) (XV) (XW) (XX) (XY) (XZ) (YA) (YB) (YC) (YD) (YE) (YF) (YG) (YH) (YI) (YJ) (YK) (YL) (YM) (YN) (YO) (YP) (YQ) (YR) (YS) (YT) (YU) (YV) (YW) (YX) (YZ) (ZA) (ZB) (ZC) (ZD) (ZE) (ZF) (ZG) (ZH) (ZI) (ZJ) (ZK) (ZL) (ZM) (ZN) (ZO) (ZP) (ZQ) (ZR) (ZS) (ZT) (ZU) (ZV) (ZW) (ZX) (ZY) (ZZ)

Exercise: Enter actual Time Period and Inside or Outside (i.e., 8:00 AM IN-2:00 PM OUT)

Medical: Physical Exam (M/P) (N) (P) (R) (S) (T) (U) (V) (W) (X) (Y) (Z) (AA) (AB) (AC) (AD) (AE) (AF) (AG) (AH) (AI) (AJ) (AK) (AL) (AM) (AN) (AO) (AP) (AQ) (AR) (AS) (AT) (AU) (AV) (AW) (AX) (AY) (AZ) (BA) (BB) (BC) (BD) (BE) (BF) (BG) (BH) (BI) (BJ) (BK) (BL) (BM) (BN) (BO) (BP) (BQ) (BR) (BS) (BT) (BU) (BV) (BW) (BX) (BY) (BZ) (CA) (CB) (CC) (CD) (CE) (CF) (CG) (CH) (CI) (CJ) (CK) (CL) (CM) (CN) (CO) (CP) (CQ) (CR) (CS) (CT) (CU) (CV) (CW) (CX) (CY) (CZ) (DA) (DB) (DC) (DD) (DE) (DF) (DG) (DH) (DI) (DJ) (DK) (DL) (DM) (DN) (DO) (DP) (DQ) (DR) (DS) (DT) (DU) (DV) (DW) (DX) (DY) (DZ) (EA) (EB) (EC) (ED) (EE) (EF) (EG) (EH) (EI) (EJ) (EK) (EL) (EM) (EN) (EO) (EP) (EQ) (ER) (ES) (ET) (EU) (EV) (EW) (EX) (EY) (EZ) (FA) (FB) (FC) (FD) (FE) (FF) (FG) (FH) (FI) (FJ) (FK) (FL) (FM) (FN) (FO) (FP) (FQ) (FR) (FS) (FT) (FU) (FV) (FW) (FX) (FY) (FZ) (GA) (GB) (GC) (GD) (GE) (GF) (GG) (GH) (GI) (GJ) (GK) (GL) (GM) (GN) (GO) (GP) (GQ) (GR) (GS) (GT) (GU) (GV) (GW) (GX) (GY) (GZ) (HA) (HB) (HC) (HD) (HE) (HF) (HG) (HH) (HI) (HJ) (HK) (HL) (HM) (HN) (HO) (HP) (HQ) (HR) (HS) (HT) (HU) (HV) (HW) (HX) (HY) (HZ) (IA) (IB) (IC) (ID) (IE) (IF) (IG) (IH) (II) (IJ) (IK) (IL) (IM) (IN) (IO) (IP) (IQ) (IR) (IS) (IT) (IU) (IV) (IW) (IX) (IY) (IZ) (JA) (JB) (JC) (JD) (JE) (JF) (JG) (JH) (JI) (JJ) (JK) (JL) (JM) (JN) (JO) (JP) (JQ) (JR) (JS) (JT) (JU) (JV) (JW) (JX) (JY) (JZ) (KA) (KB) (KC) (KD) (KE) (KF) (KG) (KH) (KI) (KJ) (KK) (KL) (KM) (KN) (KO) (KP) (KQ) (KR) (KS) (KT) (KU) (KV) (KW) (KX) (KY) (KZ) (LA) (LB) (LC) (LD) (LE) (LF) (LG) (LH) (LI) (LJ) (LK) (LM) (LN) (LO) (LP) (LQ) (LR) (LS) (LT) (LU) (LV) (LW) (LX) (LY) (LZ) (MA) (MB) (MC) (MD) (ME) (MF) (MG) (MH) (MI) (MJ) (MK) (ML) (MM) (MN) (MO) (MP) (MQ) (MR) (MS) (MT) (MU) (MV) (MW) (MX) (MY) (MZ) (NA) (NB) (NC) (ND) (NE) (NF) (NG) (NH) (NI) (NJ) (NK) (NL) (NM) (NN) (NO) (NP) (NQ) (NR) (NS) (NT) (NU) (NV) (NW) (NX) (NY) (NZ) (OA) (OB) (OC) (OD) (OE) (OF) (OG) (OH) (OI) (OJ) (OK) (OL) (OM) (ON) (OO) (OP) (OQ) (OR) (OS) (OT) (OU) (OV) (OW) (OX) (OY) (OZ) (PA) (PB) (PC) (PD) (PE) (PF) (PG) (PH) (PI) (PJ) (PK) (PL) (PM) (PN) (PO) (PP) (PQ) (PR) (PS) (PT) (PU) (PV) (PW) (PX) (PY) (PZ) (QA) (QB) (QC) (QD) (QE) (QF) (QG) (QH) (QI) (QJ) (QK) (QL) (QM) (QN) (QO) (QP) (QQ) (QR) (QS) (QT) (QU) (QV) (QW) (QX) (QY) (QZ) (RA) (RB) (RC) (RD) (RE) (RF) (RG) (RH) (RI) (RJ) (RK) (RL) (RM) (RN) (RO) (RP) (RQ) (RR) (RS) (RT) (RU) (RV) (RW) (RX) (RY) (RZ) (SA) (SB) (SC) (SD) (SE) (SF) (SG) (SH) (SI) (SJ) (SK) (SL) (SM) (SN) (SO) (SP) (SQ) (SR) (SS) (ST) (SU) (SV) (SW) (SX) (SY) (SZ) (TA) (TB) (TC) (TD) (TE) (TF) (TG) (TH) (TI) (TJ) (TK) (TL) (TM) (TN) (TO) (TP) (TQ) (TR) (TS) (TT) (TU) (TV) (TW) (TX) (TY) (TZ) (UA) (UB) (UC) (UD) (UE) (UF) (UG) (UH) (UI) (UJ) (UK) (UL) (UM) (UN) (UO) (UP) (UQ) (UR) (US) (UT) (UU) (UV) (UW) (UX) (UY) (UZ) (VA) (VB) (VC) (VD) (VE) (VF) (VG) (VH) (VI) (VJ) (VK) (VL) (VM) (VN) (VO) (VP) (VQ) (VR) (VS) (VT) (VU) (VV) (VW) (VX) (VY) (VZ) (WA) (WB) (WC) (WD) (WE) (WF) (WG) (WH) (WI) (WJ) (WK) (WL) (WM) (WN) (WO) (WP) (WQ) (WR) (WS) (WT) (WU) (WV) (WW) (WX) (WY) (WZ) (XA) (XB) (XC) (XD) (XE) (XF) (XG) (XH) (XI) (XJ) (XK) (XL) (XM) (XN) (XO) (XP) (XQ) (XR) (XS) (XT) (XU) (XV) (XW) (XX) (XY) (XZ) (YA) (YB) (YC) (YD) (YE) (YF) (YG) (YH) (YI) (YJ) (YK) (YL) (YM) (YN) (YO) (YP) (YQ) (YR) (YS) (YT) (YU) (YV) (YW) (YX) (YZ) (ZA) (ZB) (ZC) (ZD) (ZE) (ZF) (ZG) (ZH) (ZI) (ZJ) (ZK) (ZL) (ZM) (ZN) (ZO) (ZP) (ZQ) (ZR) (ZS) (ZT) (ZU) (ZV) (ZW) (ZX) (ZY) (ZZ)

Psych: Psychiatric Counselor will sign each time the inmate is seen.

Comments: Use reverse side for additional comments.

OIC Signature: OIC must sign all record sheets each shift.

Maples - DOC

000515

W.C. Holman CF  
(INSTITUTION)

### SEGREGATION UNIT RECORD SHEET

INMATE NAME: Maples, Corey AIS NO. W-21024 CELL: G-210  
 VIOLATION OR REASON: \_\_\_\_\_ ADMITTANCE AUTH. BY: \_\_\_\_\_  
 DATE & TIME RECEIVED: \_\_\_\_\_ DATE & TIME RELEASED: \_\_\_\_\_  
 PERTINENT INFORMATION: \_\_\_\_\_

| DATE      | SHIFT | MEALS |   |   | SH | EXERCISE | MEDI<br>-CAL<br>VISIT | PSYCH<br>VISIT | COMMENTS * | OIC SIGNATURE          |
|-----------|-------|-------|---|---|----|----------|-----------------------|----------------|------------|------------------------|
|           |       | B     | D | S |    |          |                       |                |            |                        |
| 1<br>4/24 | MORN  | 4     |   |   |    |          |                       |                |            | <i>[Signature]</i>     |
|           | DAY   | 4     |   |   |    |          |                       |                |            |                        |
|           | EVE   |       |   |   |    |          |                       |                |            |                        |
| 2         | MORN  |       |   |   |    |          |                       |                |            |                        |
|           | DAY   |       |   |   |    |          |                       |                |            |                        |
|           | EVE   |       |   |   |    |          |                       |                |            |                        |
| 3<br>4/28 | MORN  |       |   |   |    |          |                       |                |            | <i>FS</i>              |
|           | DAY   |       |   |   |    |          |                       |                |            |                        |
|           | EVE   |       |   |   |    |          |                       |                |            |                        |
| 4<br>4/29 | MORN  |       |   |   |    |          |                       |                |            | <i>FS</i>              |
|           | DAY   |       |   |   |    |          |                       |                |            |                        |
|           | EVE   |       |   |   |    |          |                       |                |            |                        |
| 5<br>4/30 | MORN  | ✓     |   |   |    |          |                       |                |            | <i>DF</i>              |
|           | DAY   |       |   |   |    |          |                       |                |            |                        |
|           | EVE   |       |   |   |    |          |                       |                |            |                        |
| 6<br>5/1  | MORN  | ✓     |   |   |    |          |                       |                |            | <i>SM</i>              |
|           | DAY   |       |   |   |    |          |                       |                |            |                        |
|           | EVE   |       |   |   |    |          |                       |                |            |                        |
| 7<br>5/2  | MORN  | ✓     |   |   |    |          |                       |                |            | <i>AL</i><br><i>MS</i> |
|           | DAY   |       |   |   |    |          |                       |                |            |                        |
|           | EVE   |       |   |   |    |          |                       |                |            |                        |

Pertinent Info: i.e. - Epileptic, Diabetic, Suicidal, Assaultive

Meals/SH: Shower - Yes (Y) or No (N), Refused (R)

Exercise: Enter actual time period and Inside or Outside

Medical: Physician will sign each time the inmate is seen.

Psych: Psychological Counselor will sign each time the inmate is seen.

Comments: i.e. - Conduct, attitude \*Use reverse side for additional comments and include date, signature, and title.

OIC Signature: OIC must sign all record sheets each shift.

ADOC Form 434-A, December 22, 2004

W.C. Holman

(INSTITUTION)

## SEGREGATION UNIT RECORD SHEET

2015

INMATE NAME: Maples CoreyVIOLATION  
OR REASON:DATE & TIME  
RECEIVED:PERTINENT  
INFORMATION:AJS NO: W2624CELL: G-26ADMITTANCE  
AUTHORIZED BY:DATE & TIME  
RELEASED:

| DATE | SHIFT | MEALS |   |   | SH | EXERCISE | MEDICAL<br>VISIT | PSYCH<br>VISIT | COMMENTS* | OIC SIGNATURE |
|------|-------|-------|---|---|----|----------|------------------|----------------|-----------|---------------|
|      |       | B     | D | S |    |          |                  |                |           |               |
|      | MORN  |       |   |   |    |          |                  |                |           |               |
|      | DAY   |       |   |   |    |          |                  |                |           |               |
|      | EVE   |       |   |   |    |          |                  |                |           |               |
| 4/20 | MORN  |       |   |   |    |          |                  |                |           |               |
|      | DAY   |       |   |   |    |          |                  |                |           |               |
|      | EVE   |       |   |   |    |          |                  |                |           |               |
| 4/21 | MORN  |       |   |   |    |          |                  |                |           |               |
|      | DAY   |       |   |   |    | R        |                  |                |           |               |
|      | EVE   |       |   |   |    |          |                  |                |           |               |
| 4/22 | MORN  |       |   |   |    |          |                  |                |           |               |
|      | DAY   |       |   |   |    | A        |                  |                |           |               |
|      | EVE   |       |   |   |    |          |                  |                |           |               |
| 23   | MORN  |       |   |   |    |          |                  |                |           |               |
|      | DAY   |       |   |   |    | N        |                  |                |           |               |
|      | EVE   |       |   |   |    |          |                  |                |           |               |
| 24   | MORN  |       |   |   |    |          |                  |                |           |               |
|      | DAY   |       |   |   |    |          |                  |                |           |               |
|      | EVE   |       |   |   |    |          |                  |                |           |               |
| 25   | MORN  |       |   |   |    |          |                  |                |           |               |
|      | DAY   |       |   |   |    |          |                  |                |           |               |
|      | EVE   |       |   |   |    |          |                  |                |           |               |

Pertinent Info: i.e., Epileptic; Diabetic; Suicidal; Assaultive; etc.

Exercise: Enter actual Time Period and Inside or Outside (i.e.,

9:00 AM - 10:00 AM IN; 2:00 PM - 3:00 PM OUT)

Medical: Physician will sign each time the inmate is seen.

Psych: Psychological Counselor will sign each time the inmate is seen.

Comments: Use reverse side for additional comments.

OIC Signature: OIC must sign all record sheets each shift.

W.C. Holman CF  
(INSTITUTION)

### SEGREGATION UNIT RECORD SHEET

INMATE NAME: Maples, Corey AIS NO. W-21624 CELL: G-216  
 VIOLATION OR REASON: \_\_\_\_\_ ADMITTANCE AUTH. BY: \_\_\_\_\_  
 DATE & TIME RECEIVED: \_\_\_\_\_ DATE & TIME RELEASED: \_\_\_\_\_  
 PERTINENT INFORMATION: \_\_\_\_\_

| DATE      | SHIFT | MEALS |   |   | SH | EXERCISE | MEDI<br>-CAL<br>VISIT | PSYCH<br>VISIT | COMMENTS * | OIC SIGNATURE |
|-----------|-------|-------|---|---|----|----------|-----------------------|----------------|------------|---------------|
|           |       | B     | D | S |    |          |                       |                |            |               |
| 1<br>4/12 | MORN  | ✓     |   |   |    |          |                       |                |            |               |
|           | DAY   |       |   |   |    |          |                       |                |            |               |
|           | EVE   |       |   |   |    |          |                       |                |            |               |
| 2<br>4/14 | MORN  | ✓     |   |   |    |          |                       |                |            | W.C.          |
|           | DAY   |       |   |   |    |          |                       |                |            |               |
|           | EVE   |       |   |   |    |          |                       |                |            |               |
| 3<br>4/15 | MORN  | ✓     |   |   |    |          |                       |                |            | JK            |
|           | DAY   |       |   |   |    |          |                       |                |            |               |
|           | EVE   |       |   |   |    |          |                       |                |            |               |
| 4<br>4/15 | MORN  | ✓     |   |   |    |          |                       |                |            | JK            |
|           | DAY   |       |   |   |    |          |                       |                |            |               |
|           | EVE   |       |   |   |    |          |                       |                |            |               |
| 5<br>4/17 | MORN  |       |   |   |    |          |                       |                |            |               |
|           | DAY   |       |   |   |    |          |                       |                |            |               |
|           | EVE   |       |   |   |    |          |                       |                |            |               |
| 6<br>4/18 | MORN  |       |   |   |    |          |                       |                |            |               |
|           | DAY   |       |   |   |    |          |                       |                |            |               |
|           | EVE   |       |   |   |    |          |                       |                |            |               |
| 7         | MORN  |       |   |   |    |          |                       |                |            |               |
|           | DAY   |       |   |   |    |          |                       |                |            |               |
|           | EVE   |       |   |   |    |          |                       |                |            |               |

Pertinent Info: i.e. - Epileptic, Diabetic, Suicidal, Assaultive

Meals/SH: Shower - Yes (Y) or No (N), Refused (R)

Exercise: Enter actual time period and Inside or Outside

Medical: Physician will sign each time the inmate is seen.

Psych: Psychological Counselor will sign each time the inmate is seen.

Comments: i.e. - Conduct, attitude \*Use reverse side for additional comments and include date, signature, and title.

OIC Signature: OIC must sign all record sheets each shift.

ADOC Form 434-A, December 22, 2004



W.C. Holman

(INSTITUTION)

2015

## SEGREGATION UNIT RECORD SHEET

INMATE NAME: Maples CoreyVIOLATION  
OR REASON:DATE & TIME  
RECEIVED:PERTINENT  
INFORMATION:AJS NO: W2624CELL: G-26ADMITTANCE  
AUTHORIZED BY:DATE & TIME  
RELEASED:

| DATE        | SHIFT | MEALS |   |   | SH | EXERCISE | MEDICAL<br>VISIT | PSYCH<br>VISIT | COMMENTS* | OIC SIGNATURE |
|-------------|-------|-------|---|---|----|----------|------------------|----------------|-----------|---------------|
|             |       | B     | D | S |    |          |                  |                |           |               |
| 4<br>APR 15 | MORN  | ✓     |   |   |    |          |                  |                |           |               |
|             | DAY   |       |   |   |    |          |                  |                |           |               |
|             | EVE   |       | ✓ |   |    |          |                  |                |           | nn            |
| 4/16        | MORN  | ✓     |   |   |    |          |                  |                |           | nn            |
|             | DAY   |       |   |   |    |          |                  |                |           | OK            |
|             | EVE   |       |   |   |    |          |                  |                |           |               |
| 4/17        | MORN  |       |   |   |    |          |                  |                |           |               |
|             | DAY   |       |   |   |    | R        |                  |                |           |               |
|             | EVE   |       |   |   |    |          |                  |                |           | FS            |
| 4/18-5      | MORN  | ✓     |   |   |    |          |                  |                |           |               |
|             | DAY   |       |   |   |    | R        |                  |                |           | OK            |
|             | EVE   |       |   |   |    |          |                  |                |           | FS            |
| 4/19/15     | MORN  | ✓     |   |   |    |          |                  |                |           |               |
|             | DAY   |       |   |   |    |          |                  |                |           | OK            |
|             | EVE   |       |   |   |    |          |                  |                |           |               |
| 10          | MORN  | ✓     |   |   |    |          |                  |                |           |               |
|             | DAY   |       |   |   |    |          |                  |                |           | RS            |
|             | EVE   |       |   | ✓ |    |          |                  |                |           |               |
| 11          | MORN  | ✓     |   |   |    |          |                  |                |           |               |
|             | DAY   |       | ✓ |   |    |          |                  |                |           | RS            |
|             | EVE   |       |   | ✓ |    |          |                  |                |           | RS            |

Pertinent Info: I.e., Epileptic; Diabetic; Suicidal; Assaultive; etc.

Medical: Physical (M) or Mental (N) (M/N) (M/N) (M/N) (M/N)

Exercise: Enter actual Time Period and Inside or Outside (I.e., 8:00 AM - 2:00 PM IN, 2:00 PM - 6:00 PM OUT)

Medical: Physician will sign each time the inmate is seen.

Psych: Psychologist or Counselor will sign each time the inmate is seen.

Comments: Use reverse side for additional comments and include date, signature, and title.

OIC Signature: OIC must sign all record sheets each shift.

Maples - DOG

000519

W.C. Holman CF  
(INSTITUTION)

### SEGREGATION UNIT RECORD SHEET

INMATE NAME: Maples, Corey AIS NO. W-21024 CELL: G-210  
 VIOLATION OR REASON: \_\_\_\_\_ ADMITTANCE AUTH. BY: \_\_\_\_\_  
 DATE & TIME RECEIVED: \_\_\_\_\_ DATE & TIME RELEASED: \_\_\_\_\_  
 PERTINENT INFORMATION: \_\_\_\_\_

| DATE      | SHIFT | MEALS |   |   | SH | EXERCISE | MEDI-CAL VISIT | PSYCH VISIT | COMMENTS * | OIC SIGNATURE |
|-----------|-------|-------|---|---|----|----------|----------------|-------------|------------|---------------|
|           |       | B     | D | S |    |          |                |             |            |               |
| 1<br>3/30 | MORN  | ✓     |   |   |    |          |                |             |            | JB            |
|           | DAY   |       | ✓ |   |    |          |                |             |            |               |
|           | EVE   |       |   | ✓ |    |          |                |             |            |               |
| 2<br>3/31 | MORN  | ✓     |   |   |    |          |                |             |            | CL<br>FS      |
|           | DAY   |       | ✓ |   |    | R        |                |             |            |               |
|           | EVE   |       |   | ✓ |    |          |                |             |            |               |
| 3<br>4/1  | MORN  | ✓     |   |   |    |          |                |             |            | QJ<br>FS      |
|           | DAY   |       | ✓ |   |    |          |                |             |            |               |
|           | EVE   |       |   | ✓ |    |          |                |             |            |               |
| 4<br>4/2  | MORN  |       |   |   |    |          |                |             |            | EQ<br>EJ      |
|           | DAY   |       | ✓ |   |    |          |                |             |            |               |
|           | EVE   |       |   | ✓ |    | N        |                |             |            |               |
| 5<br>4/3  | MORN  | ✓     |   |   |    |          |                |             |            | JK            |
|           | DAY   |       |   |   |    |          |                |             |            |               |
|           | EVE   |       |   |   |    |          |                |             |            |               |
| 6<br>4/4  | MORN  | ✓     |   |   |    |          |                |             |            | BS            |
|           | DAY   |       |   |   |    |          |                |             |            |               |
|           | EVE   |       |   |   |    |          |                |             |            |               |
| 7         | MORN  |       |   |   |    |          |                |             |            |               |
|           | DAY   |       |   |   |    |          |                |             |            |               |
|           | EVE   |       |   |   |    |          |                |             |            |               |

Pertinent Info: i.e. - Epileptic, Diabetic, Suicidal, Assaultive

Meals/SH: Shower - Yes (Y) or No (N), Refused (R)

Exercise: Enter actual time period and Inside or Outside

Medical: Physician will sign each time the inmate is seen.

Psych: Psychological Counselor will sign each time the inmate is seen.

Comments: i.e. - Conduct, attitude \*Use reverse side for additional comments and include date, signature, and title.

OIC Signature: OIC must sign all record sheets each shift.

ADOC Form 434-A, December 22, 2004

W.C. Holman

(INSTITUTION)

2015

## SEGREGATION UNIT RECORD SHEET

INMATE NAME: Maples CoreyAJS NO: W2624 CELL: G-26VIOLATION  
OR REASON:ADMITTANCE  
AUTHORIZED BY:DATE & TIME  
RECEIVED:DATE & TIME  
RELEASED:PERTINENT  
INFORMATION:

| DATE | SHIFT | MEALS |   |   | SH | EXERCISE | MEDICAL<br>VISIT | PSYCH<br>VISIT | COMMENTS* | OIC SIGNATURE |
|------|-------|-------|---|---|----|----------|------------------|----------------|-----------|---------------|
|      |       | B     | D | S |    |          |                  |                |           |               |
| 9/22 | MORN  | ✓     |   |   |    |          |                  |                |           | JK            |
|      | DAY   |       |   |   |    |          |                  |                |           |               |
|      | EVE   |       |   | ✓ |    |          |                  |                |           |               |
| 9/23 | MORN  | ✓     |   |   |    |          |                  |                |           | BR            |
|      | DAY   |       |   |   |    |          |                  |                |           |               |
|      | EVE   |       |   |   |    |          |                  |                |           |               |
| 9/24 | MORN  | ✓     |   |   |    |          |                  |                |           | TB            |
|      | DAY   |       |   |   |    |          |                  |                |           |               |
|      | EVE   |       |   |   |    |          |                  |                |           |               |
| 9/25 | MORN  |       |   |   |    |          |                  |                |           | DL            |
|      | DAY   |       | ✓ |   |    |          |                  |                |           |               |
|      | EVE   |       |   | ✓ |    |          |                  |                |           |               |
| 9/26 | MORN  |       |   |   |    |          |                  |                |           | DL            |
|      | DAY   |       | ✓ |   |    |          |                  |                |           |               |
|      | EVE   |       |   | ✓ |    |          |                  |                |           |               |
|      | MORN  |       |   |   |    |          |                  |                |           |               |
|      | DAY   |       |   |   |    |          |                  |                |           |               |
|      | EVE   |       |   |   |    |          |                  |                |           |               |
|      | MORN  |       |   |   |    |          |                  |                |           |               |
|      | DAY   |       |   |   |    |          |                  |                |           |               |
|      | EVE   |       |   |   |    |          |                  |                |           |               |

Pertinent Info: i.e., Epileptic; Diabetic; Suicidal; Assaultive; etc.

Exercise: Enter actual Time Period and inside or Outside (i.e., 8:00 AM - 11:00 AM outside)

Medical: Physical will state each time the inmate is seen.

Psych: Psychol. Counselor will state each time the inmate is seen.

Maples - DOC

000521

W.C. Holman CF  
(INSTITUTION)

### SEGREGATION UNIT RECORD SHEET

INMATE NAME: Maples, Corey AIS NO. W-21624 CELL: G-216  
 VIOLATION OR REASON: \_\_\_\_\_ ADMITTANCE AUTH. BY: \_\_\_\_\_  
 DATE & TIME RECEIVED: \_\_\_\_\_ DATE & TIME RELEASED: \_\_\_\_\_  
 PERTINENT INFORMATION: \_\_\_\_\_

| DATE      | SHIFT | MEALS |   |   | SH | EXERCISE | MEDI<br>-CAL<br>VISIT | PSYCH<br>VISIT | COMMENTS * | OIC SIGNATURE |
|-----------|-------|-------|---|---|----|----------|-----------------------|----------------|------------|---------------|
|           |       | B     | D | S |    |          |                       |                |            |               |
| 1<br>9/14 | MORN  | ✓     | ✓ |   |    |          |                       |                |            | LA            |
|           | DAY   |       | ✓ |   |    |          |                       |                |            | JB            |
|           | EVE   |       |   | ✓ |    |          |                       |                |            |               |
| 2<br>9/15 | MORN  | ✓     | ✓ |   |    |          |                       |                |            | TR            |
|           | DAY   |       | ✓ |   |    |          |                       |                |            | FS            |
|           | EVE   |       |   | ✓ |    |          |                       |                |            |               |
| 3<br>9/16 | MORN  | ✓     | ✓ |   |    |          |                       |                |            | EW            |
|           | DAY   |       | ✓ |   |    |          |                       |                |            | FS            |
|           | EVE   |       |   | ✓ |    |          |                       |                |            |               |
| 4<br>9/17 | MORN  | ✓     | ✓ |   |    |          |                       |                |            | JP            |
|           | DAY   |       | ✓ |   |    |          |                       |                |            |               |
|           | EVE   |       |   | ✓ |    |          |                       |                |            |               |
| 5<br>9/18 | MORN  | ✓     | ✓ |   |    |          |                       |                |            | EW            |
|           | DAY   |       | ✓ |   |    |          |                       |                |            |               |
|           | EVE   |       |   | ✓ |    |          |                       |                |            |               |
| 6<br>9/19 | MORN  |       |   |   |    |          |                       |                |            |               |
|           | DAY   |       |   |   |    |          |                       |                |            |               |
|           | EVE   |       |   |   | Y  |          |                       |                |            | LA            |
| 7         | MORN  |       |   |   |    |          |                       |                |            |               |
|           | DAY   |       |   |   |    |          |                       |                |            |               |
|           | EVE   |       |   |   |    |          |                       |                |            |               |

Pertinent Info: i.e. - Epileptic, Diabetic, Suicidal, Assaultive

Meals/SH: Shower - Yes (Y) or No (N), Refused (R)

Exercise: Enter actual time period and Inside or Outside

Medical: Physician will sign each time the inmate is seen.

Psych: Psychological Counselor will sign each time the inmate is seen.

Comments: i.e. - Conduct, attitude \*Use reverse side for additional comments and include date, signature, and title.

OIC Signature: OIC must sign all record sheets each shift.

ADOC Form 434-A, December 22, 2004

W.C. Holman

(INSTITUTION)

20/5

## SEGREGATION UNIT RECORD SHEET

INMATE NAME: Maples CoreyVIOLATION  
OR REASON:DATE & TIME  
RECEIVED:PERTINENT  
INFORMATION:AJS NO: W2624CELL: G-26ADMITTANCE  
AUTHORIZED BY:DATE & TIME  
RELEASED:

| DATE       | GIFT | MEALS                               | SH | EXERCISE | MEDICAL<br>VISIT | PSYCH<br>VISIT | COMMENTS* | OIC SIGNATURE |
|------------|------|-------------------------------------|----|----------|------------------|----------------|-----------|---------------|
| 7<br>sep 1 | MORN | <input checked="" type="checkbox"/> |    |          |                  |                |           |               |
|            | DAY  | <input checked="" type="checkbox"/> |    |          |                  |                |           |               |
|            | EVE  | <input checked="" type="checkbox"/> |    |          |                  |                |           |               |
| 9/8        | MORN | <input checked="" type="checkbox"/> |    |          |                  |                |           |               |
|            | DAY  | <input checked="" type="checkbox"/> |    |          |                  |                |           |               |
|            | EVE  | <input checked="" type="checkbox"/> |    |          |                  |                |           |               |
| 9/9        | MORN | <input checked="" type="checkbox"/> |    |          |                  |                |           |               |
|            | DAY  | <input checked="" type="checkbox"/> |    |          |                  |                |           |               |
|            | EVE  | <input checked="" type="checkbox"/> |    |          |                  |                |           |               |
| 9/10       | MORN | <input checked="" type="checkbox"/> |    |          |                  |                |           |               |
|            | DAY  | <input checked="" type="checkbox"/> |    |          |                  |                |           |               |
|            | EVE  | <input checked="" type="checkbox"/> |    |          |                  |                |           |               |
| 9/11       | MORN | <input checked="" type="checkbox"/> |    |          |                  |                |           |               |
|            | DAY  | <input checked="" type="checkbox"/> |    |          |                  |                |           |               |
|            | EVE  | <input checked="" type="checkbox"/> |    |          |                  |                |           |               |
|            | MORN | <input checked="" type="checkbox"/> |    |          |                  |                |           |               |
|            | DAY  | <input checked="" type="checkbox"/> |    |          |                  |                |           |               |
|            | EVE  | <input checked="" type="checkbox"/> |    |          |                  |                |           |               |
|            | MORN | <input checked="" type="checkbox"/> |    |          |                  |                |           |               |
|            | DAY  | <input checked="" type="checkbox"/> |    |          |                  |                |           |               |
|            | EVE  | <input checked="" type="checkbox"/> |    |          |                  |                |           |               |

Pertinent Info: Is Epileptic; Diabetic; Suicidal; Assaultive; etc.

Exercise: Enter actual Time Period and Inside or Outside (i.e., 5:00 PM - 2:00 PM - Out)

Medical: Physician will sign each time the inmate is seen.

Psych: Psychologist will sign each time the inmate is seen.

Maples - DOC

000523

W.C. Holman CF  
(INSTITUTION)

2015

### SEGREGATION UNIT RECORD SHEET

INMATE NAME: Maples Corey AIS NO. W-21624 CELL: G-216  
 VIOLATION OR REASON: \_\_\_\_\_ ADMITTANCE AUTH. BY: \_\_\_\_\_  
 DATE & TIME RECEIVED: \_\_\_\_\_ DATE & TIME RELEASED: \_\_\_\_\_  
 PERTINENT INFORMATION: \_\_\_\_\_

| DATE   | SHIFT | MEALS |   |   | SH | EXERCISE | MEDI<br>-CAL<br>VISIT | PSYCH<br>VISIT | COMMENTS * | OIC SIGNATURE |
|--------|-------|-------|---|---|----|----------|-----------------------|----------------|------------|---------------|
|        |       | B     | D | S |    |          |                       |                |            |               |
| 8/30   | MORN  | ✓     |   |   |    |          |                       |                |            | CS            |
|        | DAY   |       |   |   |    |          |                       |                |            |               |
|        | EVE   |       |   | ✓ |    |          |                       |                |            | CS            |
| 2      | MORN  |       |   |   |    |          |                       |                |            |               |
|        | DAY   |       |   |   |    |          |                       |                |            |               |
|        | EVE   |       |   |   |    |          |                       |                |            |               |
| 9/1    | MORN  | ✓     |   |   |    |          |                       |                |            | CL            |
|        | DAY   |       | ✓ |   |    |          |                       |                |            | PS AL         |
|        | EVE   |       |   |   | ✓  |          |                       |                |            |               |
| 9/2    | MORN  | ✓     |   |   |    |          |                       |                |            | AL            |
|        | DAY   |       | ✓ |   |    |          |                       |                |            | PS            |
|        | EVE   |       |   |   |    |          |                       |                |            |               |
| 9/3/15 | MORN  | ✓     |   |   |    |          |                       |                |            | OK            |
|        | DAY   | ✓     |   |   |    |          |                       |                |            | PS            |
|        | EVE   |       |   |   | ✓  |          |                       |                |            |               |
| 9/4    | MORN  | ✓     |   |   |    |          |                       |                |            | AP            |
|        | DAY   |       |   |   |    |          |                       |                |            |               |
|        | EVE   |       |   |   |    |          |                       |                |            |               |
| 7      | MORN  |       |   |   |    |          |                       |                |            |               |
|        | DAY   |       |   |   |    |          |                       |                |            |               |
|        | EVE   |       |   |   |    |          |                       |                |            |               |

Pertinent Info: i.e. - Epileptic, Diabetic, Suicidal, Assaultive

Meals/SH: Shower - Yes (Y) or No (N), Refused (R)

Exercise: Enter actual time period and Inside or Outside

Medical: Physician will sign each time the inmate is seen.

Psych: Psychological Counselor will sign each time the inmate is seen.

Comments: i.e. - Conduct, attitude \*Use reverse side for additional comments and include date, signature, and title.

OIC Signature: OIC must sign all record sheets each shift.

ADOC Form 434-A, December 22, 2004



W.C. Holman

(INSTITUTION)

## SEGREGATION UNIT RECORD SHEET

2015

INMATE NAME: Maples CoraVIOLATION  
OR REASON:DATE & TIME  
RECEIVED:PERTINENT  
INFORMATION:AJS NO: W2624CELL: G-26ADMITTANCE  
AUTHORIZED BY:DATE & TIME  
RELEASED:

| DATE | SHIFT | MEALS |   |   | SH | EXERCISE | MEDICAL<br>VISIT | PSYCH<br>VISIT | COMMENTS* | OIC SIGNATURE |
|------|-------|-------|---|---|----|----------|------------------|----------------|-----------|---------------|
|      |       | B     | D | S |    |          |                  |                |           |               |
| 8/23 | MORN  | ✓     |   |   |    |          |                  |                |           | a             |
|      | DAY   |       |   |   |    |          |                  |                |           |               |
|      | EVE   |       |   |   |    |          |                  |                |           |               |
| 8/24 | MORN  |       |   |   |    |          |                  |                |           | Catt          |
|      | DAY   | ✓     |   |   |    |          |                  |                |           |               |
|      | EVE   |       |   |   |    |          |                  |                |           |               |
| 8/25 | MORN  | ✓     |   |   |    |          |                  |                |           | JID           |
|      | DAY   |       |   |   |    |          |                  |                |           |               |
|      | EVE   |       |   |   |    |          |                  |                |           |               |
| 8/26 | MORN  | ✓     |   |   |    |          |                  |                |           | JID           |
|      | DAY   |       |   |   |    |          |                  |                |           |               |
|      | EVE   |       |   |   |    |          |                  |                |           |               |
| 8/28 | MORN  | ✓     |   |   |    |          |                  |                |           | Roberto       |
|      | DAY   |       |   |   |    |          |                  |                |           |               |
|      | EVE   |       |   |   |    |          |                  |                |           |               |
| 8/29 | MORN  |       |   |   |    |          |                  |                |           | BZ            |
|      | DAY   | ✓     |   |   |    |          |                  |                |           |               |
|      | EVE   |       |   |   |    |          |                  |                |           |               |

Pertinent Info: i.e., Epileptic; Diabetic; Subdual; Assaultive; etc.

Exercise: Enter actual time period and inside or outside (i.e., 5:00 PM - 2:00 PM OUT)

Medical: Phys. will sign each time the inmate is seen.

Psych: Psych. will sign each time the inmate is seen.

Comments: Use reverse side for additional comments and include date, signature, and title.

OIC Signature: OIC must sign all record sheets each shift.









Maples - DOC

000525

W.C. Holman CF  
(INSTITUTION)

### SEGREGATION UNIT RECORD SHEET

INMATE NAME: Maples, Corey AIS NO. W-21624 CELL: G-216  
 VIOLATION OR REASON: \_\_\_\_\_ ADMITTANCE AUTH. BY: \_\_\_\_\_  
 DATE & TIME RECEIVED: \_\_\_\_\_ DATE & TIME RELEASED: \_\_\_\_\_  
 PERTINENT INFORMATION: \_\_\_\_\_

| DATE      | SHIFT | MEALS |   |   | SH | EXERCISE | MEDI<br>-CAL<br>VISIT | PSYCH<br>VISIT | COMMENTS * | OIC SIGNATURE   |
|-----------|-------|-------|---|---|----|----------|-----------------------|----------------|------------|---|
|           |       | B     | D | S |    |          |                       |                |            |   |
| 8/18      | MORN  | ✓     |   |   |    |          |                       |                |            | <br><br> |
|           | DAY   |       | ✓ |   |    |          |                       |                |            |   |
|           | EVE   |       |   | ✓ |    |          |                       |                |            |   |
| 2<br>8/19 | MORN  |       |   |   |    |          |                       |                |            |    |
|           | DAY   |       | ✓ |   | R  |          |                       |                |            |   |
|           | EVE   |       | ✓ |   |    |          |                       |                |            |   |
| 3<br>8/20 | MORN  | ✓     |   |   |    |          |                       |                |            | <br>   |
|           | DAY   |       | ✓ |   |    |          |                       |                |            |   |
|           | EVE   |       |   | ✓ |    |          |                       |                |            |   |
| 4         | MORN  |       |   |   |    |          |                       |                |            |   |
|           | DAY   |       |   |   |    |          |                       |                |            |   |
|           | EVE   |       |   |   |    |          |                       |                |            |   |
| 5<br>8/22 | MORN  |       |   |   |    |          |                       |                |            | <br>  |
|           | DAY   |       | ✓ |   |    |          |                       |                |            |   |
|           | EVE   |       |   | ✓ |    |          |                       |                |            |   |
| 6         | MORN  |       |   |   |    |          |                       |                |            |   |
|           | DAY   |       |   |   |    |          |                       |                |            |   |
|           | EVE   |       |   |   |    |          |                       |                |            |   |
| 7         | MORN  |       |   |   |    |          |                       |                |            |   |
|           | DAY   |       |   |   |    |          |                       |                |            |   |
|           | EVE   |       |   |   |    |          |                       |                |            |   |

Pertinent Info: i.e. - Epileptic, Diabetic, Suicidal, Assaultive

Meals/SH: Shower - Yes (Y) or No (N), Refused (R)

Exercise: Enter actual time period and Inside or Outside

Medical: Physician will sign each time the inmate is seen.

Psych: Psychological Counselor will sign each time the inmate is seen.

Comments: i.e. - Conduct, attitude \*Use reverse side for additional comments and include date, signature, and title.

OIC Signature: OIC must sign all record sheets each shift.

ADOC Form 434-A, December 22, 2004

W.C. Holman

(INSTITUTION)

## SEGREGATION UNIT RECORD SHEET

2015

INMATE NAME: Maples CoreyVIOLATION  
OR REASON:DATE & TIME  
RECEIVED:PERTINENT  
INFORMATION:AJS NO: W2624CELL: G-26ADMITTANCE  
AUTHORIZED BY:DATE & TIME  
RELEASED:

| DATE | SHIFT | MEALS                               | SH                                  | EXERCISE | MEDICAL VISIT | PSYCH VISIT | COMMENTS* | OIC SIGNATURE |
|------|-------|-------------------------------------|-------------------------------------|----------|---------------|-------------|-----------|---------------|
| 8-10 | MORN  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |          |               |             |           |               |
|      | DAY   | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |          |               |             |           |               |
|      | EVE   | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |          |               |             |           |               |
| 8/11 | MORN  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |          |               |             |           |               |
|      | DAY   | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |          |               |             |           |               |
|      | EVE   | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |          |               |             |           |               |
| 8/12 | MORN  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |          |               |             |           |               |
|      | DAY   | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |          |               |             |           |               |
|      | EVE   | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |          |               |             |           |               |
| 8/13 | MORN  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |          |               |             |           |               |
|      | DAY   | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |          |               |             |           |               |
|      | EVE   | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |          |               |             |           |               |
| 8/14 | MORN  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |          |               |             |           |               |
|      | DAY   | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |          |               |             |           |               |
|      | EVE   | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |          |               |             |           |               |
| 8/15 | MORN  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |          |               |             |           |               |
|      | DAY   | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |          |               |             |           |               |
|      | EVE   | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |          |               |             |           |               |
|      | MORN  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |          |               |             |           |               |
|      | DAY   | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |          |               |             |           |               |
|      | EVE   | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |          |               |             |           |               |

Pertinent Info: i.e., Epileptic; Diabetic; Suicidal; Assaultive; etc.

Exercises: Enter actual Time Period and Inside or Outside (i.e., 8:00 AM IN; 2:00 PM OUT)

Medical: Physician will sign each time the inmate is seen.

Psych: Psychologist or Counselor will sign each time the inmate is seen.

and include date, signature, and title.

OIC Signature: OIC must sign all record sheets each shift.

Maples - DOC

000527

W.C. Holman CF  
(INSTITUTION)

### SEGREGATION UNIT RECORD SHEET

INMATE NAME: Maples, Corey AIS NO. W-21024 CELL: G-210  
 VIOLATION OR REASON: \_\_\_\_\_ ADMITTANCE AUTH. BY: \_\_\_\_\_  
 DATE & TIME RECEIVED: \_\_\_\_\_ DATE & TIME RELEASED: \_\_\_\_\_  
 PERTINENT INFORMATION: \_\_\_\_\_

| DATE      | SHIFT | MEALS |   |   | SH | EXERCISE | MEDI<br>-CAL<br>VISIT | PSYCH<br>VISIT | COMMENTS * | OIC SIGNATURE |
|-----------|-------|-------|---|---|----|----------|-----------------------|----------------|------------|---------------|
|           |       | B     | D | S |    |          |                       |                |            |               |
| 1<br>8-3  | MORN  | ✓     |   |   |    |          |                       |                |            | FT            |
|           | DAY   |       |   |   |    |          |                       |                |            |               |
|           | EVE   |       |   |   |    |          |                       |                |            |               |
| 2<br>8/5  | MORN  | ✓     |   |   |    |          |                       |                |            | SL            |
|           | DAY   |       |   |   |    |          |                       |                |            |               |
|           | EVE   |       |   |   |    |          |                       |                |            |               |
| 3<br>8/6  | MORN  | ✓     |   |   |    |          |                       |                |            | SL            |
|           | DAY   |       | ✓ |   |    |          |                       |                |            | CS            |
|           | EVE   |       |   | ✓ |    |          |                       |                |            | CS            |
| 4<br>8/15 | MORN  | Y     |   |   |    |          |                       |                |            | JK            |
|           | DAY   | Y     |   |   |    |          |                       |                |            |               |
|           | EVE   |       |   |   |    |          |                       |                |            |               |
| 5<br>8/8  | MORN  | ✓     |   |   |    |          |                       |                |            | VS            |
|           | DAY   |       | ✓ |   |    |          |                       |                |            | CS            |
|           | EVE   |       |   | ✓ |    |          |                       |                |            | CS            |
| 6         | MORN  |       |   |   |    |          |                       |                |            |               |
|           | DAY   |       |   |   |    |          |                       |                |            |               |
|           | EVE   |       |   |   |    |          |                       |                |            |               |
| 7         | MORN  |       |   |   |    |          |                       |                |            |               |
|           | DAY   |       |   |   |    |          |                       |                |            |               |
|           | EVE   |       |   |   |    |          |                       |                |            |               |

Pertinent Info: i.e. - Epileptic, Diabetic, Suicidal, Assaultive

Meals/SH: Shower - Yes (Y) or No (N), Refused (R)

Exercise: Enter actual time period and Inside or Outside

Medical: Physician will sign each time the inmate is seen.

Psych: Psychological Counselor will sign each time the inmate is seen.

Comments: i.e. - Conduct, attitude \*Use reverse side for additional comments and include date, signature, and title.

OIC Signature: OIC must sign all record sheets each shift.

ADOC Form 434-A, December 22, 2004

W.C. Holman

(INSTITUTION)

2015

## SEGREGATION UNIT RECORD SHEET

INMATE NAME: Maples CoreyVIOLATION  
OR REASON:DATE & TIME  
RECEIVED:PERTINENT  
INFORMATION:JIS NO: W2624CELL: G-26ADMITTANCE  
AUTHORIZED BY:DATE & TIME  
RELEASED:

| DATE | SHIFT | MEALS |   |   | SH | EXERCISE | MEDICAL<br>VISIT | PSYCH<br>VISIT | COMMENTS* | OIC SIGNATURE |
|------|-------|-------|---|---|----|----------|------------------|----------------|-----------|---------------|
|      |       | B     | D | S |    |          |                  |                |           |               |
| 7/19 | MORN  | ✓     |   |   |    |          |                  |                |           | M.P.          |
|      | DAY   |       |   |   |    |          |                  |                |           |               |
|      | EVE   |       |   |   |    |          |                  |                |           |               |
| 7/20 | MORN  |       |   |   |    |          |                  |                |           | CW            |
|      | DAY   |       |   |   |    |          |                  |                |           |               |
|      | EVE   |       |   |   |    |          |                  |                |           |               |
| 7/21 | MORN  | ✓     |   |   |    |          |                  |                |           | JK            |
|      | DAY   |       |   |   |    |          |                  |                |           |               |
|      | EVE   |       |   |   |    |          |                  |                |           |               |
| 7/31 | MORN  | ✓     |   |   |    |          |                  |                |           | CW            |
|      | DAY   |       |   |   |    |          |                  |                |           |               |
|      | EVE   |       |   |   |    |          |                  |                |           |               |
|      | MORN  |       |   |   |    |          |                  |                |           | CW            |
|      | DAY   |       |   |   |    |          |                  |                |           |               |
|      | EVE   |       |   |   |    |          |                  |                |           |               |
|      | MORN  |       |   |   |    |          |                  |                |           | CW            |
|      | DAY   |       |   |   |    |          |                  |                |           |               |
|      | EVE   |       |   |   |    |          |                  |                |           |               |
|      | MORN  |       |   |   |    |          |                  |                |           | CW            |
|      | DAY   |       |   |   |    |          |                  |                |           |               |
|      | EVE   |       |   |   |    |          |                  |                |           |               |

Pertinent Info: i.e., Epileptic; Diabetic; Suicidal; Assaultive; etc.

Exercise: Enter actual Time Period and Inside or Outside (i.e., 5:00 PM - 2:00 PM OUT)

Medical: Physician will sign each time the inmate is seen.

Psych: Psychologist or Counselor will sign each time the inmate is seen.

and include date, signature, and title.

OIC Signature: OIC must sign all record sheets each shift.

W.C. Holman CF  
(INSTITUTION)

## SEGREGATION UNIT RECORD SHEET

INMATE NAME: Maples, Corey AIS NO. W-21024 CELL: G-210  
 VIOLATION OR REASON: \_\_\_\_\_ ADMITTANCE AUTH. BY: \_\_\_\_\_  
 DATE & TIME RECEIVED: \_\_\_\_\_ DATE & TIME RELEASED: \_\_\_\_\_  
 PERTINENT INFORMATION: \_\_\_\_\_

| DATE      | SHIFT | MEALS |   |   | SH | EXERCISE | MEDI<br>-CAL<br>VISIT | PSYCH<br>VISIT | COMMENTS * | OIC SIGNATURE |
|-----------|-------|-------|---|---|----|----------|-----------------------|----------------|------------|---------------|
|           |       | B     | D | S |    |          |                       |                |            |               |
| 1<br>7/19 | MORN  | ✓     |   |   |    | N        |                       |                |            | ED            |
|           | DAY   |       |   |   |    |          |                       |                |            |               |
|           | EVE   |       |   | ✓ |    |          |                       |                |            | ED            |
| 2<br>7/20 | MORN  | ✓     |   |   |    |          |                       |                |            | JK            |
|           | DAY   |       |   |   |    |          |                       |                |            |               |
|           | EVE   |       |   |   |    |          |                       |                |            |               |
| 3<br>7/21 | MORN  | ✓     |   |   |    | R        |                       |                |            | JK            |
|           | DAY   |       |   |   |    |          |                       |                |            |               |
|           | EVE   |       |   |   |    |          |                       |                |            | JK            |
| 4<br>7/22 | MORN  |       |   |   |    |          |                       |                |            |               |
|           | DAY   |       | ✓ | ✓ |    |          |                       |                |            |               |
|           | EVE   |       |   |   |    |          |                       |                |            | DW            |
| 5<br>7/23 | MORN  | ✓     |   |   |    |          |                       |                |            | JK            |
|           | DAY   |       | ✓ | ✓ |    |          |                       |                |            |               |
|           | EVE   |       |   |   |    |          |                       |                |            | DW            |
| 6<br>7/24 | MORN  | ✓     |   |   |    |          |                       |                |            | JK            |
|           | DAY   |       |   |   |    |          |                       |                |            |               |
|           | EVE   |       |   |   |    |          |                       |                |            |               |
| 7<br>7/25 | MORN  | ✓     |   |   |    |          |                       |                |            | JK            |
|           | DAY   |       |   |   |    |          |                       |                |            |               |
|           | EVE   |       |   |   |    |          |                       |                |            |               |

Pertinent Info: i.e. - Epileptic, Diabetic, Suicidal, Assaultive

Meals/SH: Shower - Yes (Y) or No (N), Refused (R)

Exercise: Enter actual time period and Inside or Outside

Medical: Physician will sign each time the inmate is seen.

Psych: Psychological Counselor will sign each time the inmate is seen.

Comments: i.e. - Conduct, attitude \*Use reverse side for additional comments and include date, signature, and title.

OIC Signature: OIC must sign all record sheets each shift.

ADOC Form 434-A, December 22, 2004



W.C. Holman

(INSTITUTION)

## SEGREGATION UNIT RECORD SHEET

20/5

INMATE NAME: Maples CoreyVIOLATION  
OR REASON:DATE & TIME  
RECEIVED:PERTINENT  
INFORMATION:AJS NO: W2624CELL: G-26ADMITTANCE  
AUTHORIZED BY:DATE & TIME  
RELEASED:

| DATE    | SHIFT | MEALS<br>B D S                      | SH                                  | EXERCISE | MEDICAL<br>VISIT | PSYCH<br>VISIT | COMMENTS | OIC SIGNATURE |
|---------|-------|-------------------------------------|-------------------------------------|----------|------------------|----------------|----------|---------------|
| 7-13-15 | MORN  | <input checked="" type="checkbox"/> |                                     |          |                  |                |          | FT            |
|         | DAY   | <input checked="" type="checkbox"/> |                                     |          |                  |                |          | nm            |
|         | EVE   | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |          |                  |                |          | nm            |
| 14      | MORN  | <input checked="" type="checkbox"/> |                                     |          |                  |                |          | nm            |
|         | DAY   | <input checked="" type="checkbox"/> |                                     | R        |                  |                |          | PS            |
|         | EVE   | <input checked="" type="checkbox"/> |                                     |          |                  |                |          | PS            |
| 7/5/15  | MORN  | <input checked="" type="checkbox"/> |                                     |          |                  |                |          | JK            |
|         | DAY   | <input checked="" type="checkbox"/> |                                     | R        |                  |                |          | PS            |
|         | EVE   | <input checked="" type="checkbox"/> |                                     |          |                  |                |          | PS            |
|         | MORN  | <input checked="" type="checkbox"/> |                                     |          |                  |                |          |               |
|         | DAY   | <input checked="" type="checkbox"/> |                                     |          |                  |                |          |               |
|         | EVE   | <input checked="" type="checkbox"/> |                                     |          |                  |                |          |               |
| 7/17    | MORN  | <input checked="" type="checkbox"/> |                                     |          |                  |                |          | SM            |
|         | DAY   | <input checked="" type="checkbox"/> |                                     |          |                  |                |          | nm            |
|         | EVE   | <input checked="" type="checkbox"/> |                                     |          |                  |                |          | nm            |
| 7/18    | MORN  | <input checked="" type="checkbox"/> |                                     |          |                  |                |          | FT            |
|         | DAY   | <input checked="" type="checkbox"/> |                                     |          |                  |                |          | nm            |
|         | EVE   | <input checked="" type="checkbox"/> |                                     |          |                  |                |          | nm            |
|         | MORN  | <input checked="" type="checkbox"/> |                                     |          |                  |                |          |               |
|         | DAY   | <input checked="" type="checkbox"/> |                                     |          |                  |                |          |               |
|         | EVE   | <input checked="" type="checkbox"/> |                                     |          |                  |                |          |               |

Pertinent Info: i.e., Epileptic; Diabetic; Suicidal; Assaultive; etc.

Exercise: Enter actual Time Period and Inside or Outside (i.e.,

8:00 AM - 2:00 PM Outside)

Medical: Physician will sign each time the inmate is seen.

Psych: Psychologist or Counselor will sign each time the inmate is seen.

Comments: Use reverse side for additional comments.

and include date, signature, and title.

OIC Signature: OIC must sign all record sheets each shift.

W.C. Holman CF  
(INSTITUTION)

### SEGREGATION UNIT RECORD SHEET

INMATE NAME: Maples, Corey AIS NO. W-21024 CELL: G-210  
 VIOLATION OR REASON: \_\_\_\_\_ ADMITTANCE AUTH. BY: \_\_\_\_\_  
 DATE & TIME RECEIVED: \_\_\_\_\_ DATE & TIME RELEASED: \_\_\_\_\_  
 PERTINENT INFORMATION: \_\_\_\_\_

| DATE      | SHIFT | MEALS |   |   | SH | EXERCISE | MEDI<br>-CAL<br>VISIT | PSYCH<br>VISIT | COMMENTS * | OIC SIGNATURE |
|-----------|-------|-------|---|---|----|----------|-----------------------|----------------|------------|---------------|
|           |       | B     | D | S |    |          |                       |                |            |               |
| 7-5       | MORN  | ✓     |   |   |    |          |                       |                |            |               |
|           | DAY   |       |   |   |    |          |                       |                |            |               |
|           | EVE   |       |   | ✓ | ✓  |          |                       |                |            |               |
| 2<br>7/6  | MORN  | ✓     |   |   |    |          |                       |                |            | <i>DS</i>     |
|           | DAY   |       |   |   |    |          |                       |                |            |               |
|           | EVE   |       |   |   |    |          |                       |                |            |               |
| 3<br>7/7  | MORN  |       |   |   |    |          |                       |                |            |               |
|           | DAY   |       | ✓ |   |    |          |                       |                |            | <i>FS</i>     |
|           | EVE   |       |   |   |    |          |                       |                |            |               |
| 4<br>7/8  | MORN  |       |   |   |    |          |                       |                |            |               |
|           | DAY   |       | ✓ |   |    |          |                       |                |            | <i>FS</i>     |
|           | EVE   |       |   |   |    |          |                       |                |            |               |
| 5<br>7/9  | MORN  | ✓     |   |   |    |          |                       |                |            | <i>DS</i>     |
|           | DAY   |       | ✓ |   |    |          |                       |                |            | <i>DS</i>     |
|           | EVE   |       |   | ✓ |    |          |                       |                |            |               |
| 6<br>7/10 | MORN  |       |   |   |    |          |                       |                |            |               |
|           | DAY   |       | ✓ |   |    |          |                       |                |            |               |
|           | EVE   |       |   | ✓ |    |          |                       |                |            |               |
| 7<br>7/11 | MORN  | ✓     |   |   |    |          |                       |                |            | <i>CC</i>     |
|           | DAY   |       |   |   |    |          |                       |                |            |               |
|           | EVE   |       |   |   |    |          |                       |                |            |               |

Pertinent Info: i.e. - Epileptic, Diabetic, Suicidal, Assaultive

Meals/SH Shower - Yes (Y) or No (N), Refused (R)

Exercise: Enter actual time period and Inside or Outside

Medical: Physician will sign each time the inmate is seen.

Psych: Psychological Counselor will sign each time the inmate is seen.

Comments: i.e. - Conduct, attitude \*Use reverse side for additional comments and include date, signature, and title.

OIC Signature: OIC must sign all record sheets each shift.

ADOC Form 434-A, December 22, 2004

W.C. Holman

(INSTITUTION)

2015

## SEGREGATION UNIT RECORD SHEET

INMATE NAME: Maples CoreyVIOLATION  
OR REASON:DATE & TIME  
RECEIVED:PERTINENT  
INFORMATION:AJS NO: W2624CELL: G-26ADMITTANCE  
AUTHORIZED BY:DATE & TIME  
RELEASED:

| DATE   | SHIFT | MEALS |   |   | SH | EXERCISE | MEDICAL<br>VISIT | PSYCH<br>VISIT | COMMENTS* | OIC SIGNATURE |
|--------|-------|-------|---|---|----|----------|------------------|----------------|-----------|---------------|
|        |       | B     | D | S |    |          |                  |                |           |               |
| 28     | MORN  |       |   |   |    |          |                  |                |           | CB            |
|        | DAY   |       |   |   |    |          |                  |                |           |               |
|        | EVE   |       |   |   |    |          |                  |                |           |               |
| 6/29   | MORN  |       |   |   |    |          |                  |                |           | TR            |
|        | DAY   |       |   |   |    |          |                  |                |           |               |
|        | EVE   |       |   |   |    |          |                  |                |           |               |
|        | MORN  |       |   |   |    |          |                  |                |           |               |
|        | DAY   |       |   |   |    |          |                  |                |           |               |
|        | EVE   |       |   |   |    |          |                  |                |           |               |
| 7/1/5  | MORN  |       |   |   |    |          |                  |                |           | JK            |
|        | DAY   |       |   |   |    |          |                  |                |           |               |
|        | EVE   |       |   |   |    |          |                  |                |           |               |
| 7/1/5  | MORN  |       |   |   |    |          |                  |                |           | BR            |
|        | DAY   |       |   |   |    |          |                  |                |           |               |
|        | EVE   |       |   |   |    |          |                  |                |           |               |
| 7/3/15 | MORN  |       |   |   |    |          |                  |                |           | LH            |
|        | DAY   |       |   |   |    |          |                  |                |           |               |
|        | EVE   |       |   |   |    |          |                  |                |           |               |
| 7-4    | MORN  |       |   |   |    |          |                  |                |           |               |
|        | DAY   |       |   |   |    |          |                  |                |           |               |
|        | EVE   |       |   |   |    |          |                  |                |           |               |

Pertinent Info: i.e., Epileptic; Diabetic; Suicidal; Assaultive; etc.

Medical: Physical (M), Psychological (P), Refused (R)

Exercise: Enter actual Time Period and Inside or Outside (i.e., 8:00 AM - 2:00 PM OUT)

Medical: Physician will sign each time the inmate is seen.

Psych: Psychologist or Counselor will sign each time the inmate is seen.

Comments: Use reverse side for additional comments.

and include date, signature, and title.

OIC Signature: OIC must sign all record sheets each shift.

HOLMAN CORRECTIONAL

2015

(INSTITUTION)

## SEGREGATION UNIT RECORD SHEET

INMATE NAME: Maples Corey AIS NO. W/Z-624 CELL: G-26  
 VIOLATION OR REASON: \_\_\_\_\_ ADMITTANCE AUTH. BY: \_\_\_\_\_  
 DATE & TIME RECEIVED: \_\_\_\_\_ DATE & TIME RELEASED: \_\_\_\_\_  
 PERTINENT INFORMATION: \_\_\_\_\_

| DATE  | SHIFT | MEALS |   |   | SH | EXERCISE | MEDI-CAL VISIT | PSYCH VISIT | COMMENTS * | OIC SIGNATURE |
|-------|-------|-------|---|---|----|----------|----------------|-------------|------------|---------------|
|       |       | B     | D | S |    |          |                |             |            |               |
| 11/30 | MORN  | ✓     |   |   |    |          |                |             |            | KB            |
|       | DAY   |       | ✓ |   |    |          |                |             |            |               |
|       | EVE   |       |   | ✓ |    |          |                |             |            |               |
| 12/1  | MORN  | ✓     |   |   |    |          |                |             |            | RB            |
|       | DAY   |       | ✓ |   |    |          |                |             |            |               |
|       | EVE   |       |   | ✓ |    |          |                |             |            |               |
| 12/15 | MORN  | ✓     |   |   |    |          |                |             |            | JK            |
|       | DAY   |       | ✓ |   |    |          |                |             |            |               |
|       | EVE   |       |   | ✓ |    |          |                |             |            |               |
| 12/3  | MORN  |       |   |   |    |          |                |             |            | TL            |
|       | DAY   | ✓     |   |   |    |          |                |             |            |               |
|       | EVE   |       | ✓ |   |    |          |                |             |            |               |
| 5     | MORN  |       |   |   |    |          |                |             |            |               |
|       | DAY   |       |   |   |    |          |                |             |            |               |
|       | EVE   |       |   |   |    |          |                |             |            |               |
| 6     | MORN  |       |   |   |    |          |                |             |            |               |
|       | DAY   |       |   |   |    |          |                |             |            |               |
|       | EVE   |       |   |   |    |          |                |             |            |               |
| 7     | MORN  |       |   |   |    |          |                |             |            |               |
|       | DAY   |       |   |   |    |          |                |             |            |               |
|       | EVE   |       |   |   |    |          |                |             |            |               |

Pertinent Info: i.e. - Epileptic, Diabetic, Suicidal, Assaultive

Meals/SH: Shower - Yes (Y) or No (N), Refused (R)

Exercise: Enter actual time period and Inside or Outside

Medical: Physician will sign each time the inmate is seen.

Psych: Psychological Counselor will sign each time the inmate is seen.

Comments: i.e. - Conduct, attitude \*Use reverse side for additional comments and include date, signature, and title.

OIC Signature: OIC must sign all record sheets each shift.

ADOC Form 434-A, December 22, 2004

W.C. Holman CF  
(INSTITUTION)

### SEGREGATION UNIT RECORD SHEET

INMATE NAME: Maples, Coray AIS NO. W-21624 CELL: G-216  
 VIOLATION OR REASON: \_\_\_\_\_ ADMITTANCE AUTH. BY: \_\_\_\_\_  
 DATE & TIME RECEIVED: \_\_\_\_\_ DATE & TIME RELEASED: \_\_\_\_\_  
 PERTINENT INFORMATION: \_\_\_\_\_

| DATE       | SHIFT | MEALS |   |   | SH | EXERCISE | MEDI<br>-CAL<br>VISIT | PSYCH<br>VISIT | COMMENTS * | OIC SIGNATURE |
|------------|-------|-------|---|---|----|----------|-----------------------|----------------|------------|---------------|
|            |       | B     | D | S |    |          |                       |                |            |               |
| 1<br>11/24 | MORN  | ✓     |   |   |    |          |                       |                |            | QJ            |
|            | DAY   |       |   |   |    |          |                       |                |            |               |
|            | EVE   |       |   |   |    |          |                       |                |            |               |
| 2<br>11/25 | MORN  | ✓     |   |   |    |          |                       |                |            | HJB           |
|            | DAY   |       |   |   |    |          |                       |                |            |               |
|            | EVE   |       |   |   |    |          |                       |                |            |               |
| 3<br>11/26 | MORN  | ✓     |   |   |    |          |                       |                |            |               |
|            | DAY   |       |   |   |    |          |                       |                |            |               |
|            | EVE   |       |   |   |    |          |                       |                |            |               |
| 4<br>11/28 | MORN  | ✓     |   |   |    |          |                       |                |            | ZB            |
|            | DAY   |       |   |   |    |          |                       |                |            |               |
|            | EVE   |       |   |   |    |          |                       |                |            |               |
| 5          | MORN  |       |   |   |    |          |                       |                |            |               |
|            | DAY   |       |   |   |    |          |                       |                |            |               |
|            | EVE   |       |   |   |    |          |                       |                |            |               |
| 6          | MORN  |       |   |   |    |          |                       |                |            |               |
|            | DAY   |       |   |   |    |          |                       |                |            |               |
|            | EVE   |       |   |   |    |          |                       |                |            |               |
| 7          | MORN  |       |   |   |    |          |                       |                |            |               |
|            | DAY   |       |   |   |    |          |                       |                |            |               |
|            | EVE   |       |   |   |    |          |                       |                |            |               |

Pertinent Info: i.e. - Epileptic, Diabetic, Suicidal, Assaultive

Meals/SH: Shower - Yes (Y) or No (N), Refused (R)

Exercise: Enter actual time period and Inside or Outside

Medical: Physician will sign each time the inmate is seen.

Psych: Psychological Counselor will sign each time the inmate is seen.

Comments: i.e. - Conduct, attitude \*Use reverse side for additional comments and include date, signature, and title.

OIC Signature: OIC must sign all record sheets each shift.

ADOC Form 434-A, December 22, 2004

HOLMAN CORRECTIONAL

2015

(INSTITUTION)

## SEGREGATION UNIT RECORD SHEET

INMATE NAME: Maples CoreyAIS NO. W/Z-624CELL: G-26

VIOLATION OR REASON: \_\_\_\_\_

ADMITTANCE AUTH. BY: \_\_\_\_\_

DATE &amp; TIME RECEIVED: \_\_\_\_\_

DATE &amp; TIME RELEASED: \_\_\_\_\_

PERTINENT INFORMATION: \_\_\_\_\_

| DATE       | SHIFT | MEALS |   |   | SH | EXERCISE | MEDI<br>-CAL<br>VISIT | PSYCH<br>VISIT | COMMENTS * | OIC SIGNATURE |
|------------|-------|-------|---|---|----|----------|-----------------------|----------------|------------|---------------|
|            |       | B     | D | S |    |          |                       |                |            |               |
| 1<br>11-16 | MORN  | /     |   |   |    |          |                       |                |            |               |
|            | DAY   |       | / |   |    |          |                       |                |            |               |
|            | EVE   |       |   | / |    |          |                       |                |            |               |
| 2<br>11/17 | MORN  |       |   |   |    |          |                       |                |            |               |
|            | DAY   |       | / |   |    | R        |                       |                |            | FS            |
|            | EVE   |       |   | / |    |          |                       |                |            |               |
| 3          | MORN  |       |   |   |    |          |                       |                |            |               |
|            | DAY   |       |   |   |    |          |                       |                |            |               |
|            | EVE   |       |   |   |    |          |                       |                |            |               |
| 4          | MORN  |       |   |   |    |          |                       |                |            |               |
|            | DAY   |       |   |   |    |          |                       |                |            |               |
|            | EVE   |       |   |   |    |          |                       |                |            |               |
| 5          | MORN  |       |   |   |    |          |                       |                |            |               |
|            | DAY   |       |   |   |    |          |                       |                |            |               |
|            | EVE   |       |   |   |    |          |                       |                |            |               |
| 6<br>11/21 | MORN  |       |   |   |    |          |                       |                |            |               |
|            | DAY   |       | / |   |    |          |                       |                |            |               |
|            | EVE   |       |   | / |    |          |                       |                |            | FS            |
| 7          | MORN  |       |   |   |    |          |                       |                |            |               |
|            | DAY   |       |   |   |    |          |                       |                |            |               |
|            | EVE   |       |   |   |    |          |                       |                |            |               |

Pertinent Info: i.e. - Epileptic, Diabetic, Suicidal, Assaultive

Meals/SH: Shower - Yes (Y) or No (N), Refused (R) \*

Exercise: Enter actual time period and Inside or Outside

Medical: Physician will sign each time the inmate is seen.

Psych: Psychological Counselor will sign each time the inmate is seen.

Comments: i.e. - Conduct, attitude \* Use reverse side for additional comments and include date, signature, and title.

OIC Signature: OIC must sign all record sheets each shift.

ADOC Form 434-A, December 22, 2004

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AR 434 - December 22, 2004



W.C. Holman CF  
(INSTITUTION)

### SEGREGATION UNIT RECORD SHEET

INMATE NAME: Maples Corey AIS NO. W-21024 CELL: G-210  
 VIOLATION OR REASON: \_\_\_\_\_ ADMITTANCE AUTH. BY: \_\_\_\_\_  
 DATE & TIME RECEIVED: \_\_\_\_\_ DATE & TIME RELEASED: \_\_\_\_\_  
 PERTINENT INFORMATION: \_\_\_\_\_

| DATE       | SHIFT | MEALS |   |   | SH | EXERCISE | MEDI<br>-CAL<br>VISIT | PSYCH<br>VISIT | COMMENTS * | OIC SIGNATURE |
|------------|-------|-------|---|---|----|----------|-----------------------|----------------|------------|---------------|
|            |       | B     | D | S |    |          |                       |                |            |               |
| 1          | MORN  |       |   |   |    |          |                       |                |            |               |
|            | DAY   |       |   |   |    |          |                       |                |            |               |
|            | EVE   |       |   |   |    |          |                       |                |            |               |
| 2<br>11/10 | MORN  |       |   |   |    |          |                       |                |            | KS            |
|            | DAY   |       |   |   |    |          |                       |                |            |               |
|            | EVE   |       |   |   |    |          |                       |                |            |               |
| 3          | MORN  |       |   |   |    |          |                       |                |            |               |
|            | DAY   |       |   |   |    |          |                       |                |            |               |
|            | EVE   |       |   |   |    |          |                       |                |            |               |
| 4<br>11/12 | MORN  |       |   |   |    |          |                       |                |            | BE            |
|            | DAY   |       |   |   |    |          |                       |                |            |               |
|            | EVE   |       |   |   |    |          |                       |                |            |               |
| 5<br>11-14 | MORN  |       |   |   |    |          |                       |                |            | LJ            |
|            | DAY   |       |   |   |    |          |                       |                |            |               |
|            | EVE   |       |   |   |    |          |                       |                |            |               |
| 6          | MORN  |       |   |   |    |          |                       |                |            |               |
|            | DAY   |       |   |   |    |          |                       |                |            |               |
|            | EVE   |       |   |   |    |          |                       |                |            |               |
| 7          | MORN  |       |   |   |    |          |                       |                |            |               |
|            | DAY   |       |   |   |    |          |                       |                |            |               |
|            | EVE   |       |   |   |    |          |                       |                |            |               |

Pertinent Info: i.e. - Epileptic, Diabetic, Suicidal, Assaultive

Meals/SH: Shower - Yes (Y) or No (N), Refused (R)

Exercise: Enter actual time period and Inside or Outside

Medical: Physician will sign each time the inmate is seen.

Psych: Psychological Counselor will sign each time the inmate is seen.

Comments: i.e. - Conduct, attitude \*Use reverse side for additional comments and include date, signature, and title.

OIC Signature: OIC must sign all record sheets each shift.

ADOC Form 434-A, December 22, 2004

HOLMAN CORRECTIONAL

2015

(INSTITUTION)

## SEGREGATION UNIT RECORD SHEET

INMATE NAME: Maples Corey AIS NO. W/7-624 CELL: G-26  
 VIOLATION OR REASON: \_\_\_\_\_ ADMITTANCE AUTH. BY: \_\_\_\_\_  
 DATE & TIME RECEIVED: \_\_\_\_\_ DATE & TIME RELEASED: \_\_\_\_\_  
 PERTINENT INFORMATION: \_\_\_\_\_

| DATE      | SHIFT | MEALS |   |   | SH | EXERCISE | MEDI<br>-CAL<br>VISIT | PSYCH<br>VISIT | COMMENTS * | OIC SIGNATURE |
|-----------|-------|-------|---|---|----|----------|-----------------------|----------------|------------|---------------|
|           |       | B     | D | S |    |          |                       |                |            |               |
| 1         | MORN  |       |   |   |    |          |                       |                |            |               |
|           | DAY   |       |   |   |    |          |                       |                |            |               |
|           | EVE   |       |   |   |    |          |                       |                |            |               |
| 2<br>11/3 | MORN  |       |   |   |    |          |                       |                |            |               |
|           | DAY   |       |   |   |    |          |                       |                |            |               |
|           | EVE   |       |   |   |    |          |                       |                |            | FS            |
| 3         | MORN  |       |   |   |    |          |                       |                |            |               |
|           | DAY   |       |   |   |    |          |                       |                |            |               |
|           | EVE   |       |   |   |    |          |                       |                |            |               |
| 4<br>11/5 | MORN  |       |   |   |    |          |                       |                |            |               |
|           | DAY   |       |   |   |    |          |                       |                |            | JK            |
|           | EVE   |       |   |   |    |          |                       |                |            |               |
| 5<br>11-6 | MORN  |       |   |   |    |          |                       |                |            |               |
|           | DAY   |       |   |   |    |          |                       |                |            | TS            |
|           | EVE   |       |   |   |    |          |                       |                |            |               |
| 6<br>11/7 | MORN  |       |   |   |    |          |                       |                |            |               |
|           | DAY   |       |   |   |    |          |                       |                |            | EW            |
|           | EVE   |       |   |   |    |          |                       |                |            | TS            |
| 7         | MORN  |       |   |   |    |          |                       |                |            |               |
|           | DAY   |       |   |   |    |          |                       |                |            |               |
|           | EVE   |       |   |   |    |          |                       |                |            |               |

Pertinent Info: i.e. - Epileptic, Diabetic, Suicidal, Assaultive

Meals/SH: Shower - Yes (Y) or No (N), Refused (R)

Exercise: Enter actual time period and Inside or Outside

Medical: Physician will sign each time the inmate is seen.

Psych: Psychological Counselor will sign each time the inmate is seen.

Comments: i.e. - Conduct, attitude \*Use reverse side for additional comments and include date, signature, and title.

OIC Signature: OIC must sign all record sheets each shift.

ADOC Form 434-A, December 22, 2004

W.C. Holman CF  
(INSTITUTION)

### SEGREGATION UNIT RECORD SHEET

INMATE NAME: Maples, Corey AIS NO. W-21024 CELL: G-210  
 VIOLATION OR REASON: \_\_\_\_\_ ADMITTANCE AUTH. BY: \_\_\_\_\_  
 DATE & TIME RECEIVED: \_\_\_\_\_ DATE & TIME RELEASED: \_\_\_\_\_  
 PERTINENT INFORMATION: \_\_\_\_\_

| DATE       | SHIFT | MEALS |   |   | SH | EXERCISE | MEDI<br>-CAL<br>VISIT | PSYCH<br>VISIT | COMMENTS * | OIC SIGNATURE |
|------------|-------|-------|---|---|----|----------|-----------------------|----------------|------------|---------------|
|            |       | B     | D | S |    |          |                       |                |            |               |
| 1<br>10-27 | MORN  | ✓     |   |   |    |          |                       |                |            | JA            |
|            | DAY   |       | ✓ |   |    |          |                       |                |            | JS            |
|            | EVE   |       |   | ✓ |    |          |                       |                |            |               |
| 2<br>10/28 | MORN  | ✓     |   |   |    |          |                       |                |            | JA            |
|            | DAY   |       | ✓ |   |    |          |                       |                |            | JS            |
|            | EVE   |       |   | ✓ |    |          |                       |                |            |               |
| 3<br>10/29 | MORN  | Y     |   |   |    |          |                       |                |            | OK            |
|            | DAY   | Y     | ✓ |   |    |          |                       |                |            | JS            |
|            | EVE   |       |   | ✓ |    |          |                       |                |            |               |
| 4<br>10/30 | MORN  | ✓     |   |   |    |          |                       |                |            | W/G           |
|            | DAY   |       |   |   |    |          |                       |                |            |               |
|            | EVE   |       |   |   |    |          |                       |                |            |               |
| 5          | MORN  |       |   |   |    |          |                       |                |            |               |
|            | DAY   |       |   |   |    |          |                       |                |            |               |
|            | EVE   |       |   |   |    |          |                       |                |            |               |
| 6          | MORN  |       |   |   |    |          |                       |                |            |               |
|            | DAY   |       |   |   |    |          |                       |                |            |               |
|            | EVE   |       |   |   |    |          |                       |                |            |               |
| 7          | MORN  |       |   |   |    |          |                       |                |            |               |
|            | DAY   |       |   |   |    |          |                       |                |            |               |
|            | EVE   |       |   |   |    |          |                       |                |            |               |

Pertinent Info: i.e. - Epileptic, Diabetic, Suicidal, Assaultive

Meals/SH: Shower - Yes (Y) or No (N), Refused (R)

Exercise: Enter actual time period and Inside or Outside

Medical: Physician will sign each time the inmate is seen.

Psych: Psychological Counselor will sign each time the inmate is seen.

Comments: i.e. - Conduct, attitude \*Use reverse side for additional comments and include date, signature, and title.

OIC Signature: OIC must sign all record sheets each shift.

ADOC Form 434-A, December 22, 2004

HOLMAN CORRECTIONAL

2015

(INSTITUTION)

## SEGREGATION UNIT RECORD SHEET

INMATE NAME: Maples Corey AIS NO. W/2624 CELL: G-26  
 VIOLATION OR REASON: \_\_\_\_\_ ADMITTANCE AUTH. BY: \_\_\_\_\_  
 DATE & TIME RECEIVED: \_\_\_\_\_ DATE & TIME RELEASED: \_\_\_\_\_  
 PERTINENT INFORMATION: \_\_\_\_\_

| DATE       | SHIFT | MEALS |   |   | SH | EXERCISE | MEDI<br>-CAL<br>VISIT | PSYCH<br>VISIT | COMMENTS * | OIC SIGNATURE |
|------------|-------|-------|---|---|----|----------|-----------------------|----------------|------------|---------------|
|            |       | B     | D | S |    |          |                       |                |            |               |
| 1<br>10/19 | MORN  | ✓     |   |   |    |          |                       |                |            | LS            |
|            | DAY   |       | ✓ |   |    |          |                       |                |            | CS            |
|            | EVE   |       |   | ✓ | Y  |          |                       |                |            | CS            |
| 2<br>10/20 | MORN  | ✓     |   |   |    |          |                       |                |            | CS            |
|            | DAY   |       | ✓ |   |    |          |                       |                |            | AL            |
|            | EVE   |       |   | ✓ |    |          |                       |                |            | JK            |
| 3<br>10/21 | MORN  | ✓     |   |   |    |          |                       |                |            | AK            |
|            | DAY   |       | ✓ |   |    |          |                       |                |            |               |
|            | EVE   |       |   | ✓ |    |          |                       |                |            |               |
| 4<br>10/22 | MORN  | ✓     |   |   |    |          |                       |                |            | SK            |
|            | DAY   |       | ✓ |   |    |          |                       |                |            |               |
|            | EVE   |       |   | ✓ |    |          |                       |                |            |               |
| 5<br>10/23 | MORN  |       |   |   |    |          |                       |                |            |               |
|            | DAY   |       | ✓ |   |    |          |                       |                |            | FL            |
|            | EVE   |       |   | ✓ | Y  |          |                       |                |            |               |
| 6<br>24    | MORN  | ✓     |   |   |    |          |                       |                |            | CS            |
|            | DAY   |       | ✓ |   |    |          |                       |                |            |               |
|            | EVE   |       |   | ✓ |    |          |                       |                |            |               |
| 7<br>10/25 | MORN  | ✓     |   |   |    |          |                       |                |            | CS            |
|            | DAY   |       | ✓ |   |    |          |                       |                |            |               |
|            | EVE   |       |   | ✓ |    |          |                       |                |            |               |

Pertinent Info: i.e. - Epileptic, Diabetic, Suicidal, Assaultive

Meals/SH Shower - Yes (Y) or No (N), Refused (R)

Exercise: Enter actual time period and Inside or Outside

Medical: Physician will sign each time the inmate is seen.

Psych: Psychological Counselor will sign each time the inmate is seen.

Comments: i.e. - Conduct, attitude \*Use reverse side for additional comments and include date, signature, and title.

OIC Signature: OIC must sign all record sheets each shift.

ADOC Form 434-A, December 22, 2004

W.C. Holman CF  
(INSTITUTION)

### SEGREGATION UNIT RECORD SHEET

INMATE NAME: Maples, Corey AIS NO. W-21624 CELL: G-216  
 VIOLATION OR REASON: \_\_\_\_\_ ADMITTANCE AUTH. BY: \_\_\_\_\_  
 DATE & TIME RECEIVED: \_\_\_\_\_ DATE & TIME RELEASED: \_\_\_\_\_  
 PERTINENT INFORMATION: \_\_\_\_\_

| DATE       | SHIFT | MEALS |   |   | SH | EXERCISE | MEDI<br>-CAL<br>VISIT | PSYCH<br>VISIT | COMMENTS * | OIC SIGNATURE |
|------------|-------|-------|---|---|----|----------|-----------------------|----------------|------------|---------------|
|            |       | B     | D | S |    |          |                       |                |            |               |
| 1<br>10/12 | MORN  |       |   |   |    |          |                       |                |            | DF            |
|            | DAY   |       |   |   |    |          |                       |                |            |               |
|            | EVE   |       |   |   |    |          |                       |                |            |               |
| 2          | MORN  |       |   |   |    |          |                       |                |            |               |
|            | DAY   |       |   |   |    |          |                       |                |            |               |
|            | EVE   |       |   |   |    |          |                       |                |            |               |
| 3<br>10/14 | MORN  |       |   |   |    |          |                       |                |            | DF            |
|            | DAY   |       |   |   |    |          |                       |                |            |               |
|            | EVE   |       |   |   |    |          |                       |                |            |               |
| 4<br>10/14 | MORN  | /     |   |   |    |          |                       |                |            | DF            |
|            | DAY   |       | / |   |    |          |                       |                |            |               |
|            | EVE   |       | / |   |    |          |                       |                |            |               |
| 5<br>10/15 | MORN  | /     |   |   |    |          |                       |                |            | JK            |
|            | DAY   |       | / |   |    |          |                       |                |            |               |
|            | EVE   |       | / |   |    |          |                       |                |            |               |
| 6<br>10/16 | MORN  | /     |   |   |    |          |                       |                |            | DF            |
|            | DAY   |       | / |   |    |          |                       |                |            |               |
|            | EVE   |       | / |   |    |          |                       |                |            |               |
| 7<br>10/17 | MORN  | /     |   |   |    |          |                       |                |            | DF            |
|            | DAY   |       | / |   |    |          |                       |                |            |               |
|            | EVE   |       | / |   |    |          |                       |                |            |               |

Pertinent Info: i.e. - Epileptic, Diabetic, Suicidal, Assaultive

Meals/SH: Shower - Yes (Y) or No (N), Refused (R)

Exercise: Enter actual time period and Inside or Outside

Medical: Physician will sign each time the inmate is seen.

Psych: Psychological Counselor will sign each time the inmate is seen.

Comments: i.e. - Conduct, attitude \*Use reverse side for additional comments and include date, signature, and title.

OIC Signature: OIC must sign all record sheets each shift.

ADOC Form 434-A, December 22, 2004

W.C. Holman

(INSTITUTION)

## SEGREGATION UNIT RECORD SHEET

2015

INMATE NAME: Maples CoreyVIOLATION  
OR REASON:DATE & TIME  
RECEIVED:PERTINENT  
INFORMATION:AJS NO: W2624CELL: G-26ADMITTANCE  
AUTHORIZED BY:DATE & TIME  
RELEASED:

| DATE  | SHIFT | MEALS |   |   | SH | EXERCISE | MEDICAL<br>VISIT | PSYCH<br>VISIT | COMMENTS* | OIC SIGNATURE |
|-------|-------|-------|---|---|----|----------|------------------|----------------|-----------|---------------|
|       |       | B     | D | S |    |          |                  |                |           |               |
| 10/6  | MORN  |       |   |   |    |          |                  |                |           |               |
|       | DAY   |       |   |   |    |          |                  |                |           |               |
|       | EVE   |       |   |   |    |          |                  |                |           |               |
| 10/8  | MORN  |       |   |   |    |          |                  |                |           |               |
|       | DAY   |       |   |   |    |          |                  |                |           |               |
|       | EVE   |       |   |   |    |          |                  |                |           |               |
| 10/9  | MORN  |       |   |   |    |          |                  |                |           |               |
|       | DAY   |       |   |   |    |          |                  |                |           |               |
|       | EVE   |       |   |   |    |          |                  |                |           |               |
| 10/10 | MORN  |       |   |   |    |          |                  |                |           |               |
|       | DAY   |       |   |   |    |          |                  |                |           |               |
|       | EVE   |       |   |   |    |          |                  |                |           |               |
|       | MORN  |       |   |   |    |          |                  |                |           |               |
|       | DAY   |       |   |   |    |          |                  |                |           |               |
|       | EVE   |       |   |   |    |          |                  |                |           |               |
|       | MORN  |       |   |   |    |          |                  |                |           |               |
|       | DAY   |       |   |   |    |          |                  |                |           |               |
|       | EVE   |       |   |   |    |          |                  |                |           |               |
|       | MORN  |       |   |   |    |          |                  |                |           |               |
|       | DAY   |       |   |   |    |          |                  |                |           |               |
|       | EVE   |       |   |   |    |          |                  |                |           |               |

Pertinent Info: Is Epileptic; Diabetic; Suicidal; Assaultive; etc.

Exercises: Enter actual Time Period and Inside or Outside (i.e., 8:00 AM - 2:00 PM OUT)

Medical: Physical Examination by the Inmate is seen:

Psych: Psychological Counselor seen each time the inmate is seen:

Maples - DOC

000542



W.C. Holman CF  
(INSTITUTION)

### SEGREGATION UNIT RECORD SHEET

INMATE NAME: Maples, Corey AIS NO. W-21624 CELL: G-210  
 VIOLATION OR REASON: \_\_\_\_\_ ADMITTANCE AUTH. BY: \_\_\_\_\_  
 DATE & TIME RECEIVED: \_\_\_\_\_ DATE & TIME RELEASED: \_\_\_\_\_  
 PERTINENT INFORMATION: \_\_\_\_\_

| DATE | SHIFT | MEALS |   |   | SH | EXERCISE | MEDI<br>-CAL<br>VISIT | PSYCH<br>VISIT | COMMENTS * | OIC SIGNATURE |
|------|-------|-------|---|---|----|----------|-----------------------|----------------|------------|---------------|
|      |       | B     | D | S |    |          |                       |                |            |               |
| 9/28 | MORN  | ✓     |   |   |    |          |                       |                |            | TR            |
|      | DAY   |       |   |   |    |          |                       |                |            |               |
|      | EVE   |       |   |   |    |          |                       |                |            |               |
| 9/29 | MORN  |       |   |   |    |          |                       |                |            | TR            |
|      | DAY   |       | ✓ |   |    |          |                       |                |            |               |
|      | EVE   |       |   | ✓ |    |          |                       |                |            |               |
| 9/30 | MORN  |       |   |   |    |          |                       |                |            | BS            |
|      | DAY   |       | ✓ |   |    |          |                       |                |            |               |
|      | EVE   |       |   | ✓ |    |          |                       |                |            |               |
| 10/1 | MORN  | ✓     |   |   |    |          |                       |                |            | JK            |
|      | DAY   |       | ✓ |   |    |          |                       |                |            |               |
|      | EVE   |       |   | ✓ |    |          |                       |                |            |               |
| 10/2 | MORN  | ✓     |   |   |    |          |                       |                |            | JK            |
|      | DAY   |       | ✓ |   |    |          |                       |                |            |               |
|      | EVE   |       |   | ✓ |    |          |                       |                |            |               |
| 10/3 | MORN  | ✓     |   |   |    |          |                       |                |            | TR            |
|      | DAY   |       |   |   |    |          |                       |                |            |               |
|      | EVE   |       |   |   |    |          |                       |                |            |               |
| 7    | MORN  |       |   |   |    |          |                       |                |            |               |
|      | DAY   |       |   |   |    |          |                       |                |            |               |
|      | EVE   |       |   |   |    |          |                       |                |            |               |

Pertinent Info: i.e. - Epileptic, Diabetic, Suicidal, Assaultive

Meals/SH: Shower - Yes (Y) or No (N), Refused (R)

Exercise: Enter actual time period and Inside or Outside

Medical: Physician will sign each time the inmate is seen.

Psych: Psychological Counselor will sign each time the inmate is seen.

Comments: i.e. - Conduct, attitude \* Use reverse side for additional comments and include date, signature, and title.

OIC Signature: OIC must sign all record sheets each shift.

ADOC Form 434-A, December 22, 2004

W.C. Holman CF  
(INSTITUTION)

### SEGREGATION UNIT RECORD SHEET

INMATE NAME: Maples, Corey AIS NO. W-21024 CELL: G-216  
 VIOLATION OR REASON: \_\_\_\_\_ ADMITTANCE AUTH. BY: \_\_\_\_\_  
 DATE & TIME RECEIVED: \_\_\_\_\_ DATE & TIME RELEASED: \_\_\_\_\_  
 PERTINENT INFORMATION: \_\_\_\_\_

| DATE       | SHIFT | MEALS |   |   | SH | EXERCISE | MEDI<br>-CAL<br>VISIT | PSYCH<br>VISIT | COMMENTS * | OIC SIGNATURE |
|------------|-------|-------|---|---|----|----------|-----------------------|----------------|------------|---------------|
|            |       | B     | D | S |    |          |                       |                |            |               |
| 1<br>7     | MORN  | ✓     |   |   |    |          |                       |                |            | ca<br>FW      |
|            | DAY   |       | ✓ |   |    |          |                       |                |            |               |
|            | EVE   |       |   |   |    |          |                       |                |            |               |
| 2<br>8     | MORN  |       |   |   |    |          |                       |                |            |               |
|            | DAY   |       |   |   |    |          |                       |                |            |               |
|            | EVE   |       |   |   | ✓  |          |                       |                |            |               |
| 3<br>9     | MORN  | ✓     |   |   |    |          |                       |                |            | CS            |
|            | DAY   |       |   |   |    |          |                       |                |            |               |
|            | EVE   |       |   |   |    |          |                       |                |            |               |
| 4<br>12-10 | MORN  |       |   |   |    |          |                       |                |            |               |
|            | DAY   |       | ✓ |   |    |          |                       |                |            |               |
|            | EVE   |       |   |   |    |          |                       |                |            |               |
| 5<br>12-12 | MORN  | ✓     |   |   |    |          |                       |                |            | Ld            |
|            | DAY   |       |   |   |    |          |                       |                |            |               |
|            | EVE   |       |   |   |    |          |                       |                |            |               |
| 6          | MORN  |       |   |   |    |          |                       |                |            |               |
|            | DAY   |       |   |   |    |          |                       |                |            |               |
|            | EVE   |       |   |   |    |          |                       |                |            |               |
| 7          | MORN  |       |   |   |    |          |                       |                |            |               |
|            | DAY   |       |   |   |    |          |                       |                |            |               |
|            | EVE   |       |   |   |    |          |                       |                |            |               |

Pertinent Info: i.e. - Epileptic, Diabetic, Suicidal, Assaultive

Meals/SH: Shower - Yes (Y) or No (N), Refused (R)

Exercise: Enter actual time period and Inside or Outside

Medical: Physician will sign each time the inmate is seen.

Psych: Psychological Counselor will sign each time the inmate is seen.

Comments: i.e. - Conduct, attitude \*Use reverse side for additional comments and include date, signature, and title.

OIC Signature: OIC must sign all record sheets each shift.

ADOC Form 434-A, December 22, 2004

HOLMAN CORRECTIONAL2015(INSTITUTION)

## SEGREGATION UNIT RECORD SHEET

INMATE NAME: Maples CoreyAIS NO. W/7-624CELL: G-26

VIOLATION OR REASON: \_\_\_\_\_

ADMITTANCE AUTH. BY: \_\_\_\_\_

DATE &amp; TIME RECEIVED: \_\_\_\_\_

DATE &amp; TIME RELEASED: \_\_\_\_\_

PERTINENT INFORMATION: \_\_\_\_\_

| DATE  | SHIFT | MEALS |   |   | SH | EXERCISE | MEDI<br>-CAL<br>VISIT | PSYCH<br>VISIT | COMMENTS * | OIC SIGNATURE |
|-------|-------|-------|---|---|----|----------|-----------------------|----------------|------------|---------------|
|       |       | B     | D | S |    |          |                       |                |            |               |
| 12/14 | MORN  |       |   |   |    |          |                       |                |            | DW            |
|       | DAY   |       | / |   |    |          |                       |                |            |               |
|       | EVE   |       | / |   |    |          |                       |                |            |               |
| 2     | MORN  |       |   |   |    |          |                       |                |            |               |
|       | DAY   |       |   |   |    |          |                       |                |            |               |
|       | EVE   |       |   |   |    |          |                       |                |            |               |
| 3     | MORN  |       |   |   |    |          |                       |                |            |               |
|       | DAY   |       |   |   |    |          |                       |                |            |               |
|       | EVE   |       |   |   |    |          |                       |                |            |               |
| 4     | MORN  |       |   |   |    |          |                       |                |            |               |
|       | DAY   |       |   |   |    |          |                       |                |            |               |
|       | EVE   |       |   |   |    |          |                       |                |            |               |
| 5     | MORN  |       |   |   |    |          |                       |                |            |               |
|       | DAY   |       |   |   |    |          |                       |                |            |               |
|       | EVE   |       |   |   |    |          |                       |                |            |               |
| 12/19 | MORN  |       |   |   |    |          |                       |                |            | DW            |
|       | DAY   |       | / |   |    |          |                       |                |            |               |
|       | EVE   |       | / |   |    |          |                       |                |            |               |
| 7     | MORN  |       |   |   |    |          |                       |                |            |               |
|       | DAY   |       |   |   |    |          |                       |                |            |               |
|       | EVE   |       |   |   |    |          |                       |                |            |               |

Pertinent Info: i.e. - Epileptic, Diabetic, Suicidal, Assaultive

Meals/SH: Shower - Yes (Y) or No (N), Refused (R)

Exercise: Enter actual time period and Inside or Outside

Medical: Physician will sign each time the inmate is seen.

Psych: Psychological Counselor will sign each time the inmate is seen.

Comments: i.e. - Conduct, attitude \* Use reverse side for additional comments and include date, signature, and title.

OIC Signature: OIC must sign all record sheets each shift.

ADOC Form 434-A, December 22, 2004

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AR 434 - December 22, 2004

W.C. Holman CF  
(INSTITUTION)

### SEGREGATION UNIT RECORD SHEET

INMATE NAME: Maples, Corey AIS NO. W-21024 CELL: G-210  
 VIOLATION OR REASON: \_\_\_\_\_ ADMITTANCE AUTH. BY: \_\_\_\_\_  
 DATE & TIME RECEIVED: \_\_\_\_\_ DATE & TIME RELEASED: \_\_\_\_\_  
 PERTINENT INFORMATION: \_\_\_\_\_

| DATE       | SHIFT | MEALS |   |   | SH | EXERCISE | MEDI-CAL VISIT | PSYCH VISIT | COMMENTS * | OIC SIGNATURE |
|------------|-------|-------|---|---|----|----------|----------------|-------------|------------|---------------|
|            |       | B     | D | S |    |          |                |             |            |               |
| 1<br>12/20 | MORN  | ✓     |   |   |    |          |                |             |            | ED            |
|            | DAY   |       |   |   |    |          |                |             |            |               |
|            | EVE   |       |   | ✓ |    |          |                |             |            | ED            |
| 2<br>12/21 | MORN  |       |   |   |    |          |                |             |            | u             |
|            | DAY   |       | u |   |    |          |                |             |            | u             |
|            | EVE   |       | u |   |    |          |                |             |            | u             |
| 3<br>12/22 | MORN  |       |   |   |    |          |                |             |            | u             |
|            | DAY   |       | u |   |    |          |                |             |            | u             |
|            | EVE   |       | u |   |    |          |                |             |            | u             |
| 4<br>12/23 | MORN  |       |   |   |    |          |                |             |            | u             |
|            | DAY   |       | u |   |    |          |                |             |            | u             |
|            | EVE   |       | u |   |    |          |                |             |            | u             |
| 5<br>12/24 | MORN  |       |   |   |    |          |                |             |            | u             |
|            | DAY   |       |   |   |    |          |                |             |            | u             |
|            | EVE   |       |   |   |    |          |                |             |            | u             |
| 6<br>12/25 | MORN  | u     |   |   |    |          |                |             |            | u             |
|            | DAY   |       |   |   |    |          |                |             |            | u             |
|            | EVE   |       | u |   |    |          |                |             |            | u             |
| 7<br>12/26 | MORN  |       |   |   |    |          |                |             |            | u             |
|            | DAY   |       | u |   |    |          |                |             |            | u             |
|            | EVE   |       | u |   |    |          |                |             |            | u             |

Pertinent Info: i.e. - Epileptic, Diabetic, Suicidal, Assaultive

Meals/SH: Shower - Yes (Y) or No (N), Refused (R)

Exercise: Enter actual time period and Inside or Outside

Medical: Physician will sign each time the inmate is seen.

Psych: Psychological Counselor will sign each time the inmate is seen.

Comments: i.e. - Conduct, attitude \*Use reverse side for additional comments and include date, signature, and title.

OIC Signature: OIC must sign all record sheets each shift.

ADOC Form 434-A, December 22, 2004

HOLMAN CORRECTIONAL

2015

(INSTITUTION)

## SEGREGATION UNIT RECORD SHEET

INMATE NAME: Maples Corey AIS NO. W/Z-624 CELL: G-26  
 VIOLATION OR REASON: \_\_\_\_\_ ADMITTANCE AUTH BY: \_\_\_\_\_  
 DATE & TIME RECEIVED: \_\_\_\_\_ DATE & TIME RELEASED: \_\_\_\_\_  
 PERTINENT INFORMATION: \_\_\_\_\_

| DATE     | SHIFT | MEALS |   |   | SH | EXERCISE | MEDI<br>-CAL<br>VISIT | PSYCH<br>VISIT | COMMENTS * | OIC SIGNATURE |
|----------|-------|-------|---|---|----|----------|-----------------------|----------------|------------|---------------|
|          |       | B     | D | S |    |          |                       |                |            |               |
| 27       | MORN  | Y     |   |   |    |          |                       |                |            | [Signature]   |
|          | DAY   | Y     |   |   |    |          |                       |                |            |               |
|          | EVE   |       |   | Y |    |          |                       |                |            |               |
| 28       | MORN  | Y     |   |   |    |          |                       |                |            | [Signature]   |
|          | DAY   | Y     |   |   |    |          |                       |                |            |               |
|          | EVE   | Y     | Y |   |    |          |                       |                |            |               |
| 29       | MORN  | Y     |   |   |    |          |                       |                |            | [Signature]   |
|          | DAY   | Y     |   |   |    |          |                       |                |            |               |
|          | EVE   | Y     | Y |   |    |          |                       |                |            |               |
| 12/30/15 | MORN  | Y     |   |   |    |          |                       |                |            | [Signature]   |
|          | DAY   | Y     | Y |   |    |          |                       |                |            |               |
|          | EVE   |       |   | Y |    |          |                       |                |            |               |
| 31       | MORN  | Y     |   |   |    |          |                       |                |            | [Signature]   |
|          | DAY   | Y     |   |   |    |          |                       |                |            |               |
|          | EVE   | Y     | Y |   |    |          |                       |                |            |               |
| 1        | MORN  | Y     |   |   |    |          |                       |                |            | [Signature]   |
|          | DAY   | Y     |   |   |    |          |                       |                |            |               |
|          | EVE   |       |   | Y |    |          |                       |                |            |               |
| 2        | MORN  | Y     |   |   |    |          |                       |                |            | [Signature]   |
|          | DAY   | Y     |   |   |    |          |                       |                |            |               |
|          | EVE   | Y     | Y |   |    |          |                       |                |            |               |

Pertinent Info: i.e. - Epileptic, Diabetic, Suicidal, Assaultive

Meals/SH Shower - Yes (Y) or No (N), Refused (R)

Exercise: Enter actual time period and Inside or Outside

Medical: Physician will sign each time the inmate is seen.

Psych: Psychological Counselor will sign each time the inmate is seen.

Comments: i.e. - Conduct, attitude \*Use reverse side for additional comments and include date, signature, and title.

OIC Signature: OIC must sign all record sheets each shift.

ADOC Form 434-A, December 22, 2004

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AR 434 - December 22, 2004

CBR716-3

ALABAMA DEPARTMENT OF CORRECTIONS  
INMATE SUMMARY AS OF 09/15/2009INST: 999  
CODE: CDRVK

\*\*\*\*\*

AIS: 0000Z624 INMATE: MAPLES, COREY

RACE: W SEX: M

INST: 999 - HOLMAN DEATH ROW

DORM: SC JAIL CR: 00Y 00M 00D

DOB: '1974 SSN: -5716

ALIAS: MAPLES, COREY ROSS

ADM DT: 11/21/1997 DEAD TIME: 000Y 00M 00D

ADM TYP: DEATH ROW

STAT: INCARCERATED

CURRENT CUST: Z2 -G CURRENT CUST DT: 03/10/2004 PAROLE REVIEW DATE: - NONE -

SECURITY LEVEL: NO CLASSIFICATION RECORD FOUND

SERVING UNDER ACT446 LAW IN ELIGIBLE  
INMATE IS EARNING : OR GROUP ACTIVITY

CURRENT CLASS DATE: 11/21/1997

COUNTY SENT DT CASE NO CRIME  
MORGAN 11/21/97 W95000842 MURDERJL-CR TERM  
0000D 000Y 00M 00D CS

2 CTS; CAPITAL

| TOTAL TERM   | MIN REL DT | GOOD TIME BAL | GOOD TIME REV | LONG DATE  |
|--------------|------------|---------------|---------------|------------|
| 000Y 00M 00D | 00/00/0000 | 000Y 00M 00D  | 000Y 00M 00D  | 00/00/0000 |

INMATE LITERAL:

\*\*\*\*\*

## DETAINDER WARRANTS SUMMARY

INMATE CURRENTLY HAS NO DETAINDER WARRANT RECORDS

\*\*\*\*\*

## ESCAPEE-PAROLE SUMMARY

INMATE CURRENTLY HAS NO PAROLE RECORDS

INMATE CURRENTLY HAS NO PROBATION 754 RECORDS

INMATE HAS NO ESCAPES FROM ALABAMA D.O.C.  
SINCE O.B.S.C.I.S. RECORDING BEGAN IN 1973

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## DISCIPLINARY/CITATION SUMMARY

>> DISCIPLINE: 09/09/2009 TIME LOST: 00Y00M00D CUST FROM Z2 G TO Z2 G  
 DISCIPLINE TYPE: MAJOR AT INST: 003 RULE NUMBER: 64  
 RETAINED DAYS: 0000 SEQ #: 05 RULE LIT: POSSESSION OF CONTRABAND

>> DISCIPLINE: 02/05/2008 TIME LOST: 00Y00M00D CUST FROM Z2 G TO Z2 G  
 DISCIPLINE TYPE: MAJOR AT INST: 003 RULE NUMBER: 90  
 RETAINED DAYS: 0000 SEQ #: 04 RULE LIT: UNDER INFLUENCE OF ALCOHOL OR NAR

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ALABAMA DEPARTMENT OF CORRECTIONS  
INMATE SUMMARY AS OF 09/15/2009INST: 999  
CODE: CDRVK

\*\*\*\*\* CONTINUATION \*\*\*\*\*

AIS: J000Z624 INMATE: MAPLES, COREY RACE: W SEX: M

\*\*\*\*\*

## DISCIPLINARY/CITATION SUMMARY

>> DISCIPLINE: 08/30/2007 TIME LOST: 00Y00M00D CUST FROM Z2 G TO Z2 G  
DISCIPLINE TYPE: MAJOR AT INST: 999 RULE NUMBER: 90  
RETAINED DAYS: 0000 SEQ #: 03 RULE LIT: UNDER INFLUENCE OF ALCOHOL OR NAR

>> DISCIPLINE: 10/03/2005 TIME LOST: 00Y00M00D CUST FROM Z2 G TO Z2 G  
DISCIPLINE TYPE: MAJOR AT INST: 003 RULE NUMBER: 35  
RETAINED DAYS: 0000 SEQ #: 02 RULE LIT: FIGHTING WITHOUT A WEAPON

>> CITATION: 05/01/2000 CUST FROM DTW9 TO DTW9  
CITATION TYPE: BEHAVIOR CITATION AT INST: 003 RULE NUMBER: 90  
RETAINED DAYS: 0000 SEQ #: 01 RULE LIT: UNDER INFLUENCE OF ALCOHOL OR NAR

ALABAMA DEPARTMENT OF CORRECTIONS  
INMATE SUMMARY AS OF 11/09/2010INST: 999  
CODE: CDRVK

CBR716-3

\*\*\*\*\*

AIS: 0000Z624 INMATE: MAPLES, COREY

RACE: W SEX: M

INST: 999 - HOLMAN DEATH ROW

DORM: SC JAIL CR: 00Y 00M 00D

DOB: 1974 SSN: 5716

ALIAS: MAPLES, COREY ROSS

ADM DT: 11/21/1997 DEAD TIME: 000Y 00M 00D

ADM TYP: DEATH ROW

STAT: INCARCERATED

CURRENT CUST: DEA-T CURRENT CUST DT: 12/07/2009 PAROLE REVIEW DATE: - NONE -

SECURITY LEVEL: (7) SEVEN

SERVING UNDER ACT446 LAW IN ROW  
INMATE IS EARNING :

CURRENT CLASS DATE: 11/21/1997

COUNTY SENT DT CASE NO CRIME  
MORGAN 11/21/97 N95000842 MURDERJL-CR TERM  
0000D 000Y 00M 00D CS

2 CTS; CAPITAL

| TOTAL TERM   | MIN REL DT | GOOD TIME BAL | GOOD TIME REV | LONG DATE  |
|--------------|------------|---------------|---------------|------------|
| 000Y 00M 00D | 00/00/0000 | 000Y 00M 00D  | 000Y 00M 00D  | 00/00/0000 |

INMATE LITERAL:

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## DETAINDER WARRANTS SUMMARY

INMATE CURRENTLY HAS NO DETAINDER WARRANT RECORDS

\*\*\*\*\*

## ESCAPEE-PAROLE SUMMARY

INMATE CURRENTLY HAS NO PAROLE RECORDS

INMATE CURRENTLY HAS NO PROBATION 754 RECORDS

INMATE HAS NO ESCAPES FROM ALABAMA D.O.C.  
SINCE D.B.S.C.I.S. RECORDING BEGAN IN 1978

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## DISCIPLINARY/CITATION SUMMARY

&gt;&gt; CITATION: 10/29/2010

CUST FROM 0999 TO 0999

CITATION TYPE: BEHAVIOR CITATION

AT INST: 003

RULE NUMBER: 85

RETAINED DAYS: 0000

SEQ #: 06

RULE LIT: VIOLATION OF INSTIT. RULES OR REG

&gt;&gt; DISCIPLINE: 09/09/2009

TIME LOST: 00Y00M00D

CUST FROM 22 G TO 22 G

DISCIPLINE TYPE: MAJOR

AT INST: 003

RULE NUMBER: 64

RETAINED DAYS: 0000

SEQ #: 05

RULE LIT: POSSESSION OF CONTRABAND

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CBR716-3

ALABAMA DEPARTMENT OF CORRECTIONS  
INMATE SUMMARY AS OF 11/09/2010INST: 999  
CODE: CDRVK

\*\*\*\*\* CONTINUATION \*\*\*\*\*

AIS: 0000Z624 INMATE: MAPLES, COREY RACE: W SEX: M

\*\*\*\*\*

## DISCIPLINARY/CITATION SUMMARY

>> DISCIPLINE: 02/05/2008 TIME LOST: 00Y00M00D CUST FROM Z2 G TO Z2 G  
DISCIPLINE TYPE: MAJOR AT INST: 003 RULE NUMBER: 90  
RETAINED DAYS: 0000 SEQ #: 04 RULE LIT: UNDER INFLUENCE OF ALCOHOL OR NAR

>> DISCIPLINE: 08/30/2007 TIME LOST: 00Y00M00D CUST FROM Z2 G TO Z2 G  
DISCIPLINE TYPE: MAJOR AT INST: 999 RULE NUMBER: 90  
RETAINED DAYS: 0000 SEQ #: 03 RULE LIT: UNDER INFLUENCE OF ALCOHOL OR NAR

>> DISCIPLINE: 10/03/2005 TIME LOST: 00Y00M00D CUST FROM Z2 G TO Z2 G  
DISCIPLINE TYPE: MAJOR AT INST: 003 RULE NUMBER: 35  
RETAINED DAYS: 0000 SEQ #: 02 RULE LIT: FIGHTING WITHOUT A WEAPON

>> CITATION: 05/01/2000 CUST FROM OTW9 TO OTW9  
CITATION TYPE: BEHAVIOR CITATION AT INST: 003 RULE NUMBER: 90  
RETAINED DAYS: 0000 SEQ #: 01 RULE LIT: UNDER INFLUENCE OF ALCOHOL OR NAR

CBR716-3

ALABAMA DEPARTMENT OF CORRECTIONS  
INMATE SUMMARY AS OF 09/13/2011INST: 999  
CODE: CURVK

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AIS: 00002524 INMATE: MAPLES, COREY RACE: M SEX: M  
 INST: 999 - HOLMAN DEATH ROW DOOR: SC JAIL CR: 00Y 00M 00D  
 DOB: '1974 SSN: 5716

ALIAS: MAPLES, COREY ROSS

ADM DT: 11/21/1997 DEAD TIME: 000Y 00M 00D

ADM TYP: DEATH ROW

STAT: INCARCERATED

CURRENT CUST: DEA-T CURRENT CUST DT: 12/07/2009 PAROLE REVIEW DATE: - NONE -

SECURITY LEVEL: (7) SEVEN

SERVING UNDER ACT446 LAW IN ROW  
 INMATE IS EARNING :

CURRENT CLASS DATE: 11/21/1997

| COUNTY         | SENT DT  | CASE NO   | CRIME  | JL-CR | TERM            |
|----------------|----------|-----------|--------|-------|-----------------|
| MORGAN         | 11/21/97 | N95000842 | MURDER | 00000 | 000Y 00M 00D CS |
| 2 CTS; CAPITAL |          |           |        |       |                 |

| TOTAL TERM   | MIN REL DT | GOOD TIME BAL | GOOD TIME REV | LONG DATE  |
|--------------|------------|---------------|---------------|------------|
| 000Y 00M 00D | 00/00/0000 | 000Y 00M 00D  | 000Y 00M 00D  | 00/00/0000 |

INMATE LITERAL:

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## DETAINDER WARRANTS SUMMARY

INMATE CURRENTLY HAS NO DETAINDER WARRANT RECORDS

\*\*\*\*\*

## ESCAPEE-PAROLE SUMMARY

INMATE CURRENTLY HAS NO PAROLE RECORDS

INMATE CURRENTLY HAS NO PROBATION 754 RECORDS

INMATE HAS NO ESCAPES FROM ALABAMA D.O.C.  
 SINCE D.B.S.C.I.S. RECORDING BEGAN IN 1978

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## DISCIPLINARY/CITATION SUMMARY

>> DISCIPLINE: 09/06/2011 TIME LOST: 00Y00M00D CUST FROM 0999 TO 0999  
 DISCIPLINE TYPE: MAJOR AT INST: 999 RULE NUMBER: 64  
 RETAINED DAYS: 0000 SEQ #: 07 RULE LIT: POSSESSION OF CONTRABAND

>> CITATION: 10/29/2010 CUST FROM 0999 TO 0999  
 CITATION TYPE: BEHAVIOR CITATION AT INST: 003 RULE NUMBER: 85  
 RETAINED DAYS: 0000 SEQ #: 06 RULE LIT: VIOLATION OF INSTIT. RULES OR REG

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000552

CBR716-3

ALABAMA DEPARTMENT OF CORRECTIONS  
INMATE SUMMARY AS OF 09/13/2011INST: 999  
CODE: CORVK

## \*\*\*\*\* CONTINUATION \*\*\*\*\*

AIS: 00002624 INMATE: MAPLES, COREY

RACE: W SEX: M

\*\*\*\*\*  
DISCIPLINARY/CITATION SUMMARY

>> DISCIPLINE: 09/09/2009 TIME LOST: 00Y00M00D CUST FROM Z2 G TO Z2 G  
 DISCIPLINE TYPE: MAJOR AT INST: 003 RULE NUMBER: 64  
 RETAINED DAYS: 0000 SEQ #: 05 RULE LIT: POSSESSION OF CONTRABAND

>> DISCIPLINE: 02/05/2008 TIME LOST: 00Y00M00D CUST FROM Z2 G TO Z2 G  
 DISCIPLINE TYPE: MAJOR AT INST: 003 RULE NUMBER: 90  
 RETAINED DAYS: 0000 SEQ #: 04 RULE LIT: UNDER INFLUENCE OF ALCOHOL OR NAR

>> DISCIPLINE: 08/30/2007 TIME LOST: 00Y00M00D CUST FROM Z2 G TO Z2 G  
 DISCIPLINE TYPE: MAJOR AT INST: 999 RULE NUMBER: 90  
 RETAINED DAYS: 0000 SEQ #: 03 RULE LIT: UNDER INFLUENCE OF ALCOHOL OR NAR

>> DISCIPLINE: 10/03/2005 TIME LOST: 00Y00M00D CUST FROM Z2 G TO Z2 G  
 DISCIPLINE TYPE: MAJOR AT INST: 003 RULE NUMBER: 35  
 RETAINED DAYS: 0000 SEQ #: 02 RULE LIT: FIGHTING WITHOUT A WEAPON

>> CITATION: 05/01/2000 CUST FROM 0TW9 TO 0TW9  
 CITATION TYPE: BEHAVIOR CITATION AT INST: 003 RULE NUMBER: 90  
 RETAINED DAYS: 0000 SEQ #: 01 RULE LIT: UNDER INFLUENCE OF ALCOHOL OR NAR

CBR716-3

ALABAMA DEPARTMENT OF CORRECTIONS  
INMATE SUMMARY AS OF 11/17/2011INST: 999  
CODE: CDRVK

\*\*\*\*\*

AIS: 0000Z624 INMATE: MAPLES, COREY

RACE: W SEX: M

INST: 999 - HOLMAN DEATH ROW

DORM: SC JAIL CR: 00Y 00M 00D

DOB: 1974 SSN: 5716

ALIAS: MAPLES, COREY ROSS

ADM DT: 11/21/1997 DEAD TIME: 000Y 00M 00D

ADM TYP: DEATH ROW

STAT: INCARCERATED

CURRENT CUST: DEA-T CURRENT CUST DT: 12/07/2009 PAROLE REVIEW DATE: - NONE -

SECURITY LEVEL: (7) SEVEN

SERVING UNDER ACT446 LAW IN ROW  
INMATE IS EARNING :

CURRENT CLASS DATE: 11/21/1997

COUNTY SENT DT CASE NO CRIME  
MORGAN 11/21/97 N95000842 MURDERJL-CR TERM  
0000D 000Y 00M 00D CS

2 CTS; CAPITAL

| TOTAL TERM   | MIN REL DT | GOOD TIME BAL | GOOD TIME REV | LONG DATE  |
|--------------|------------|---------------|---------------|------------|
| 000Y 00M 00D | 00/00/0000 | 000Y 00M 00D  | 000Y 00M 00D  | 00/00/0000 |

## INMATE LITERAL:

\*\*\*\*\*

## DETAINDER WARRANTS SUMMARY

INMATE CURRENTLY HAS NO DETAINDER WARRANT RECORDS

\*\*\*\*\*

## ESCAPEE-PAROLE SUMMARY

INMATE CURRENTLY HAS NO PAROLE RECORDS

INMATE CURRENTLY HAS NO PROBATION 754 RECORDS

INMATE HAS NO ESCAPES FROM ALABAMA D.O.C.  
SINCE O.B.S.C.I.S. RECORDING BEGAN IN 1978

\*\*\*\*\*

## DISCIPLINARY/CITATION SUMMARY

>> DISCIPLINE: 11/01/2011 TIME LOST: 00Y00M00D CUST FROM 0999 TO 0999  
 DISCIPLINE TYPE: MAJOR AT INST: 003 RULE NUMBER: 64  
 RETAINED DAYS: 0000 SEQ #: 08 RULE LIT: POSSESSION OF CONTRABAND

>> DISCIPLINE: 09/06/2011 TIME LOST: 00Y00M00D CUST FROM 0999 TO 0999  
 DISCIPLINE TYPE: MAJOR AT INST: 999 RULE NUMBER: 64  
 RETAINED DAYS: 0000 SEQ #: 07 RULE LIT: POSSESSION OF CONTRABAND

CONTINUED ON NEXT PAGE

Maples - DOC  
000554



CBR716-3

ALABAMA DEPARTMENT OF CORRECTIONS  
INMATE SUMMARY AS OF 11/17/2011INST: 999  
CODE: CORVK

\*\*\*\*\* CONTINUATION \*\*\*\*\*

AIS: 0000Z624 INMATE: MAPLES, COREY

RACE: W SEX: M

\*\*\*\*\*

## DISCIPLINARY/CITATION SUMMARY

>> CITATION: 10/29/2010 CUST FROM 0999 TO 0999  
 CITATION TYPE: BEHAVIOR CITATION AT INST: 003 RULE NUMBER: 85  
 RETAINED DAYS: 0000 SEQ #: 06 RULE LIT: VIOLATION OF INSTIT. RULES OR REG

>> DISCIPLINE: 09/09/2009 TIME LOST: 00Y00M00D CUST FROM Z2 G TO Z2 G  
 DISCIPLINE TYPE: MAJOR AT INST: 003 RULE NUMBER: 64  
 RETAINED DAYS: 0000 SEQ #: 05 RULE LIT: POSSESSION OF CONTRABAND

>> DISCIPLINE: 02/05/2008 TIME LOST: 00Y00M00D CUST FROM Z2 G TO Z2 G  
 DISCIPLINE TYPE: MAJOR AT INST: 003 RULE NUMBER: 90  
 RETAINED DAYS: 0000 SEQ #: 04 RULE LIT: UNDER INFLUENCE OF ALCOHOL OR NAR

>> DISCIPLINE: 08/30/2007 TIME LOST: 00Y00M00D CUST FROM Z2 G TO Z2 G  
 DISCIPLINE TYPE: MAJOR AT INST: 999 RULE NUMBER: 90  
 RETAINED DAYS: 0000 SEQ #: 03 RULE LIT: UNDER INFLUENCE OF ALCOHOL OR NAR

>> DISCIPLINE: 10/03/2005 TIME LOST: 00Y00M00D CUST FROM Z2 G TO Z2 G  
 DISCIPLINE TYPE: MAJOR AT INST: 003 RULE NUMBER: 35  
 RETAINED DAYS: 0000 SEQ #: 02 RULE LIT: FIGHTING WITHOUT A WEAPON

>> CITATION: 05/01/2000 CUST FROM OTW9 TO OTW9  
 CITATION TYPE: BEHAVIOR CITATION AT INST: 003 RULE NUMBER: 90  
 RETAINED DAYS: 0000 SEQ #: 01 RULE LIT: UNDER INFLUENCE OF ALCOHOL OR NAR

STATE OF ALABAMA  
DEPARTMENT OF CORRECTIONS  
MENTAL HEALTH SERVICES

**REVIEW OF SEGREGATION INMATES**

Date Review Completed: 01-11-19 Date Placed in Segregation: 11-21-97

☐ 30 DAY REVIEW ☒ 90 DAY REVIEW M.H. Code: 0

ADOC Psychologist/Psychological Associate Conducting Review:

**MENTAL STATUS EXAMINATION:**

Institution: Holman

|  |  |
|--|--|
| <p><u>Affect:</u> <input type="checkbox"/> Anxious/nervous <input type="checkbox"/> Flat <input checked="" type="checkbox"/> Appropriate</p> <p><u>Concentration:</u> <input checked="" type="checkbox"/> Focused <input type="checkbox"/> Distracted</p> <p><u>Mood:</u> <input type="checkbox"/> Depressed <input type="checkbox"/> Elevated <input checked="" type="checkbox"/> Euthymic<br/><input type="checkbox"/> Irritable <input type="checkbox"/> Manic</p> <p><u>Orientation:</u> <input type="checkbox"/> Disoriented <input checked="" type="checkbox"/> Oriented to time, place and person</p> | <p><u>Appearance:</u> <input type="checkbox"/> Unkempt <input type="checkbox"/> Disorganized <input checked="" type="checkbox"/> Appropriate</p> <p><u>Intellectual Functioning:</u> <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Borderline <input type="checkbox"/> Retarded</p> <p><u>Speech &amp; Thoughts:</u> <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Pressured <input type="checkbox"/> Slurred<br/><input type="checkbox"/> Stuttering <input type="checkbox"/> Incoherent <input type="checkbox"/> Tangential<br/><input type="checkbox"/> Poverty of speech <input type="checkbox"/> Flight of Ideas</p> <p><u>Memory:</u> Short-term <input checked="" type="checkbox"/> Good <input type="checkbox"/> Poor<br/>Long-term <input checked="" type="checkbox"/> Good <input type="checkbox"/> Poor</p> |
|--|--|

**BEHAVIORAL OBSERVATIONS:**

|                                      |   |                                    |  |
|--------------------------------------|---|------------------------------------|--|
| <input type="checkbox"/> Aggressive  | <input type="checkbox"/> Irrational         | <input type="checkbox"/> Passive   | <input type="checkbox"/> Paranoia      |
| <input type="checkbox"/> Agitated    | <input type="checkbox"/> Suicidal ideation  | <input type="checkbox"/> Rational  | <input type="checkbox"/> Hyperactivity |
| <input type="checkbox"/> Delusional  | <input type="checkbox"/> Lethargic          | <input type="checkbox"/> Crying    | <input type="checkbox"/> Hallucinating |
| <input type="checkbox"/> Eye Contact | <input type="checkbox"/> Loose Associations | <input type="checkbox"/> Withdrawn | <input type="checkbox"/> Manipulative  |
| <input type="checkbox"/> Fearful     | <input type="checkbox"/> Calm               | <input type="checkbox"/> Other:    |  |

**COMMENTS:**

Stable

**RECOMMENDATIONS:**

- ☒ SEGREGATION PLACEMENT NOT IMPACTING INMATE'S MENTAL HEALTH  
☐ SEGREGATION PLACEMENT IMPACTING INMATE'S MENTAL HEALTH  
☐ REFERRED FOR PSYCHIATRIC EVALUATION  
☐ Other: \_\_\_\_\_

|                                   |                   |
|-----------------------------------|-------------------|
| Inmate Name: <u>Maples, Coney</u> | AIS # <u>2624</u> |
|-----------------------------------|-------------------|

Disposition: Inmate Medical Record, Institutional Inmate File, Reference:  
Central Records File

ADOC AR: 623, 625, 635  
ADOC Form MH-039 - November 14, 2005

STATE OF ALABAMA  
DEPARTMENT OF CORRECTIONS  
MENTAL HEALTH SERVICES

**REVIEW OF SEGREGATION INMATES**

Date Review Completed: 4-11-19 Date Placed in Segregation: 11-21-97

☐ 30 DAY REVIEW ☒ 90 DAY REVIEW M.H. Code: 0

ADOC Psychologist/Psychological Associate Conducting Review: JMS

**MENTAL STATUS EXAMINATION:**

Institution: Holman

|  |  |
|--|--|
| <p><u>Affect:</u> <input type="checkbox"/> Anxious/nervous <input type="checkbox"/> Flat <input checked="" type="checkbox"/> Appropriate</p> <p><u>Concentration:</u> <input checked="" type="checkbox"/> Focused <input type="checkbox"/> Distracted</p> <p><u>Mood:</u> <input type="checkbox"/> Depressed <input type="checkbox"/> Elevated <input checked="" type="checkbox"/> Euthymic<br/><input type="checkbox"/> Irritable <input type="checkbox"/> Manic</p> <p><u>Orientation:</u> <input type="checkbox"/> Disoriented <input checked="" type="checkbox"/> Oriented to time, place and person</p> | <p><u>Appearance:</u> <input type="checkbox"/> Unkempt <input type="checkbox"/> Disorganized <input checked="" type="checkbox"/> Appropriate</p> <p><u>Intellectual Functioning:</u> <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Borderline <input type="checkbox"/> Retarded</p> <p><u>Speech &amp; Thoughts:</u> <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Pressured <input type="checkbox"/> Slurred<br/><input type="checkbox"/> Stuttering <input type="checkbox"/> Incoherent <input type="checkbox"/> Tangential<br/><input type="checkbox"/> Poverty of speech <input type="checkbox"/> Flight of Ideas</p> <p><u>Memory:</u> Short-term <input checked="" type="checkbox"/> Good <input type="checkbox"/> Poor<br/>Long-term <input checked="" type="checkbox"/> Good <input type="checkbox"/> Poor</p> |
|--|--|

**BEHAVIORAL OBSERVATIONS:**

|   |   |  |  |
|---|---|--|--|
| <input type="checkbox"/> Aggressive             | <input type="checkbox"/> Irrational         | <input type="checkbox"/> Passive             | <input type="checkbox"/> Paranoia      |
| <input type="checkbox"/> Agitated               | <input type="checkbox"/> Suicidal ideation  | <input checked="" type="checkbox"/> Rational | <input type="checkbox"/> Hyperactivity |
| <input type="checkbox"/> Delusional             | <input type="checkbox"/> Lethargic          | <input type="checkbox"/> Crying              | <input type="checkbox"/> Hallucinating |
| <input checked="" type="checkbox"/> Eye Contact | <input type="checkbox"/> Loose Associations | <input type="checkbox"/> Withdrawn           | <input type="checkbox"/> Manipulative  |
| <input type="checkbox"/> Fearful                | <input checked="" type="checkbox"/> Calm    | <input type="checkbox"/> Other:              |  |

**COMMENTS:**

Stable

**RECOMMENDATIONS:**

- ☒ SEGREGATION PLACEMENT NOT IMPACTING INMATE'S MENTAL HEALTH  
☐ SEGREGATION PLACEMENT IMPACTING INMATE'S MENTAL HEALTH  
☐ REFERRED FOR PSYCHIATRIC EVALUATION  
☐ Other: \_\_\_\_\_

|                                   |                   |
|-----------------------------------|-------------------|
| Inmate Name: <u>Maples, Corey</u> | AIS # <u>2624</u> |
|-----------------------------------|-------------------|

Disposition: Inmate Medical Record, Institutional Inmate File, Reference:  
Central Records File

ADOC AR: 623, 625, 635  
ADOC Form MH-039 - November 14, 2005

STATE OF ALABAMA  
DEPARTMENT OF CORRECTIONS  
MENTAL HEALTH SERVICES

**REVIEW OF SEGREGATION INMATES**

Date Review Completed: 7-11-19 Date Placed in Segregation: 11-21-97

☐ 30 DAY REVIEW ☒ 90 DAY REVIEW M.H. Code: 0

ADOC Psychologist/Psychological Associate Conducting Review: ms

**MENTAL STATUS EXAMINATION:** Institution: Holman

|   |  |
|---|--|
| <u>Affect:</u> <input type="checkbox"/> Anxious/nervous <input type="checkbox"/> Flat <input checked="" type="checkbox"/> Appropriate   | <u>Appearance:</u> <input type="checkbox"/> Unkempt <input type="checkbox"/> Disorganized <input checked="" type="checkbox"/> Appropriate  |
| <u>Concentration:</u> <input checked="" type="checkbox"/> Focused <input type="checkbox"/> Distracted   | <u>Intellectual Functioning:</u> <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Borderline <input type="checkbox"/> Retarded  |
| <u>Mood:</u> <input type="checkbox"/> Depressed <input type="checkbox"/> Elevated <input checked="" type="checkbox"/> Euthymic<br><input type="checkbox"/> Irritable <input type="checkbox"/> Manic | <u>Speech &amp; Thoughts:</u> <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Pressured <input type="checkbox"/> Slurred<br><input type="checkbox"/> Stuttering <input type="checkbox"/> Incoherent <input type="checkbox"/> Tangential<br><input type="checkbox"/> Poverty of speech <input type="checkbox"/> Flight of Ideas |
| <u>Orientation:</u> <input type="checkbox"/> Disoriented <input checked="" type="checkbox"/> Oriented to time, place and person   | <u>Memory:</u> Short-term <input checked="" type="checkbox"/> Good <input type="checkbox"/> Poor<br>Long-term <input checked="" type="checkbox"/> Good <input type="checkbox"/> Poor   |

**BEHAVIORAL OBSERVATIONS:**

|                                      |   |  |  |
|--------------------------------------|---|--|--|
| <input type="checkbox"/> Aggressive  | <input type="checkbox"/> Irrational         | <input type="checkbox"/> Passive             | <input type="checkbox"/> Paranoia      |
| <input type="checkbox"/> Agitated    | <input type="checkbox"/> Suicidal ideation  | <input checked="" type="checkbox"/> Rational | <input type="checkbox"/> Hyperactivity |
| <input type="checkbox"/> Delusional  | <input type="checkbox"/> Lethargic          | <input type="checkbox"/> Crying              | <input type="checkbox"/> Hallucinating |
| <input type="checkbox"/> Eye Contact | <input type="checkbox"/> Loose Associations | <input type="checkbox"/> Withdrawn           | <input type="checkbox"/> Manipulative  |
| <input type="checkbox"/> Fearful     | <input checked="" type="checkbox"/> Calm    | <input type="checkbox"/> Other:              |  |

**COMMENTS:**

Stable

**RECOMMENDATIONS:**

- ☒ SEGREGATION PLACEMENT NOT IMPACTING INMATE'S MENTAL HEALTH  
☐ SEGREGATION PLACEMENT IMPACTING INMATE'S MENTAL HEALTH  
☐ REFERRED FOR PSYCHIATRIC EVALUATION  
☒ Other: OK

|                                    |                    |
|------------------------------------|--------------------|
| Inmate Name: <u>Maples, Conney</u> | AIS # <u>2-624</u> |
|------------------------------------|--------------------|

Disposition: Inmate Medical Record, Institutional Inmate File, Reference:  
Central Records File

ADOC AR 623, 625, 635  
ADOC Form MH-039 - November 14, 2005

STATE OF ALABAMA  
DEPARTMENT OF CORRECTIONS  
MENTAL HEALTH SERVICES

REVIEW OF SEGREGATION INMATES

Date Review Completed: 10-12-18 Date Placed in Segregation: 11-21-97

☐ 30 DAY REVIEW ☒ 90 DAY REVIEW MH Code: 0

ADOC Psychologist/Psychological Associate Conducting Review: ms

MENTAL STATUS EXAMINATION: Institution: Holman

|   |   |
|---|---|
| <p><u>Affect</u> <input type="checkbox"/> Anxious/nervous <input type="checkbox"/> Flat <input checked="" type="checkbox"/> Appropriate</p> <p><u>Concentration</u>: <input checked="" type="checkbox"/> Focused <input type="checkbox"/> Distracted</p> <p><u>Mood</u>: <input type="checkbox"/> Depressed <input type="checkbox"/> Elevated <input checked="" type="checkbox"/> Euthymic<br/><input type="checkbox"/> Irritable <input type="checkbox"/> Manic</p> <p><u>Orientation</u>: <input type="checkbox"/> Disoriented <input checked="" type="checkbox"/> Oriented to time, place and person</p> | <p><u>Appearance</u>: <input type="checkbox"/> Unkempt <input type="checkbox"/> Disorganized <input checked="" type="checkbox"/> Appropriate</p> <p><u>Intellectual Functioning</u>: <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Borderline <input type="checkbox"/> Retarded</p> <p><u>Speech &amp; Thoughts</u>: <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Pressured <input type="checkbox"/> Slurred<br/><input type="checkbox"/> Stuttering <input type="checkbox"/> Incoherent <input type="checkbox"/> Tangential<br/><input type="checkbox"/> Poverty of speech <input type="checkbox"/> Flight of Ideas</p> <p><u>Memory</u> Short-term <input checked="" type="checkbox"/> Good <input type="checkbox"/> Poor<br/>Long-term <input checked="" type="checkbox"/> Good <input type="checkbox"/> Poor</p> |
|---|---|

**BEHAVIORAL OBSERVATIONS:**

|   |   |  |  |
|---|---|--|--|
| <input type="checkbox"/> Aggressive             | <input type="checkbox"/> Irrational         | <input type="checkbox"/> Passive             | <input type="checkbox"/> Paranoia      |
| <input type="checkbox"/> Agitated               | <input type="checkbox"/> Suicidal ideation  | <input checked="" type="checkbox"/> Rational | <input type="checkbox"/> Hyperactivity |
| <input type="checkbox"/> Delusional             | <input type="checkbox"/> Lethargic          | <input type="checkbox"/> Crying              | <input type="checkbox"/> Hallucinating |
| <input checked="" type="checkbox"/> Eye Contact | <input type="checkbox"/> Loose Associations | <input type="checkbox"/> Withdrawn           | <input type="checkbox"/> Manipulative  |
| <input type="checkbox"/> Fearful                | <input checked="" type="checkbox"/> Calm    | <input type="checkbox"/> Other:              |  |

**COMMENTS:**

Stable

**RECOMMENDATIONS:**

- ☒ SEGREGATION PLACEMENT NOT IMPACTING INMATE'S MENTAL HEALTH  
☐ SEGREGATION PLACEMENT IMPACTING INMATE'S MENTAL HEALTH  
☐ REFERRED FOR PSYCHIATRIC EVALUATION  
☐ Other: \_\_\_\_\_

|   |                   |
|---|-------------------|
| Inmate Name: <u>Maples, Coney</u>   | AIS # <u>2624</u> |
| Disposition: Inmate Medical Record, Institutional Inmate File, Reference:<br>Central Records File |                   |

ADOC AR: 623, 625, 635  
ADOC Form MH-039 - November 14, 2005

STATE OF ALABAMA  
DEPARTMENT OF CORRECTIONS  
MENTAL HEALTH SERVICES

**REVIEW OF SEGREGATION INMATES**

Date Review Completed: 7-12-18 Date Placed in Segregation: 11-21-97

☐ 30 DAY REVIEW ☒ 90 DAY REVIEW MH Code: 0

ADOC Psychologist/Psychological Associate Conducting Review:

MENTAL STATUS EXAMINATION: Institution: Holman ms

|  |  |
|--|--|
| <p><u>Affect:</u> <input type="checkbox"/> Anxious/nervous <input type="checkbox"/> Flat <input checked="" type="checkbox"/> Appropriate</p> <p><u>Concentration:</u> <input checked="" type="checkbox"/> Focused <input type="checkbox"/> Distracted</p> <p><u>Mood:</u> <input type="checkbox"/> Depressed <input type="checkbox"/> Elevated <input checked="" type="checkbox"/> Euthymic<br/><input type="checkbox"/> Irritable <input type="checkbox"/> Manic</p> <p><u>Orientation:</u> <input type="checkbox"/> Disoriented <input checked="" type="checkbox"/> Oriented to time, place and person</p> | <p><u>Appearance:</u> <input type="checkbox"/> Unkempt <input type="checkbox"/> Disorganized <input checked="" type="checkbox"/> Appropriate</p> <p><u>Intellectual Functioning:</u> <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Borderline <input type="checkbox"/> Retarded</p> <p><u>Speech &amp; Thoughts:</u> <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Pressured <input type="checkbox"/> Slurred<br/><input type="checkbox"/> Stuttering <input type="checkbox"/> Incoherent <input type="checkbox"/> Tangential<br/><input type="checkbox"/> Poverty of speech <input type="checkbox"/> Flight of Ideas</p> <p><u>Memory:</u> Short-term <input checked="" type="checkbox"/> Good <input type="checkbox"/> Poor<br/>Long-term <input checked="" type="checkbox"/> Good <input type="checkbox"/> Poor</p> |
|--|--|

**BEHAVIORAL OBSERVATIONS:**

|   |   |  |  |
|---|---|--|--|
| <input type="checkbox"/> Aggressive             | <input type="checkbox"/> Irrational         | <input type="checkbox"/> Passive             | <input type="checkbox"/> Paranoia      |
| <input type="checkbox"/> Agitated               | <input type="checkbox"/> Suicidal ideation  | <input checked="" type="checkbox"/> Rational | <input type="checkbox"/> Hyperactivity |
| <input type="checkbox"/> Delusional             | <input type="checkbox"/> Lethargic          | <input type="checkbox"/> Crying              | <input type="checkbox"/> Hallucinating |
| <input checked="" type="checkbox"/> Eye Contact | <input type="checkbox"/> Loose Associations | <input type="checkbox"/> Withdrawn           | <input type="checkbox"/> Manipulative  |
| <input type="checkbox"/> Fearful                | <input checked="" type="checkbox"/> Calm    | <input type="checkbox"/> Other:              |  |

**COMMENTS:**

Stable

**RECOMMENDATIONS:**

- ☒ SEGREGATION PLACEMENT NOT IMPACTING INMATE'S MENTAL HEALTH  
☐ SEGREGATION PLACEMENT IMPACTING INMATE'S MENTAL HEALTH  
☐ REFERRED FOR PSYCHIATRIC EVALUATION  
☐ Other: \_\_\_\_\_

|                                   |                   |
|-----------------------------------|-------------------|
| Inmate Name: <u>Maples, Corey</u> | AIS # <u>2624</u> |
|-----------------------------------|-------------------|

Disposition: Inmate Medical Record, Institutional Inmate File, Reference:  
Central Records File

ADOC AR: 623, 625, 635  
ADOC Form MH-039 - November 14, 2005



W.C. Holman CF  
(INSTITUTION)

FEB 2013

### SEGREGATION UNIT RECORD SHEET

INMATE NAME: Maples Corey AIS NO. W-21624 CELL: G-216  
 VIOLATION OR REASON: \_\_\_\_\_ ADMITTANCE AUTH. BY: \_\_\_\_\_  
 DATE & TIME RECEIVED: \_\_\_\_\_ DATE & TIME RELEASED: \_\_\_\_\_  
 PERTINENT INFORMATION: \_\_\_\_\_

| DATE       | SHIFT | MEALS |   |   | SH | EXERCISE | MEDI<br>-CAL<br>VISIT | PSYCH<br>VISIT | COMMENTS * | OIC SIGNATURE |
|------------|-------|-------|---|---|----|----------|-----------------------|----------------|------------|---------------|
|            |       | B     | D | S |    |          |                       |                |            |               |
| 26<br>Aug  | MORN  | Y     |   |   |    |          |                       |                |            | TB            |
|            | DAY   |       | Y |   |    |          |                       |                |            | AM            |
|            | EVE   |       | Y | Y |    |          |                       |                |            | AM            |
| 27<br>Aug  | MORN  | N     |   |   |    |          | CO                    |                |            | TB            |
|            | DAY   | N     | Y |   |    | N        |                       |                |            | AM            |
|            | EVE   |       | Y |   |    |          | P2D                   |                | GOV        | AM            |
| 28<br>Aug  | MORN  | Y     |   |   |    |          |                       |                |            | TB            |
|            | DAY   | Y     |   |   |    | N        |                       |                |            | TV            |
|            | EVE   |       |   | Y |    |          | P2D                   |                | mv         | TV SH         |
| 29<br>Aug  | MORN  | N     |   |   |    |          | CO                    |                |            | SH            |
|            | DAY   | N     |   |   |    | N        |                       |                |            | JB            |
|            | EVE   |       | N | N |    |          |                       |                |            |               |
| 30<br>Aug  | MORN  | N     |   |   |    |          | MB                    |                |            | JB            |
|            | DAY   |       | Y |   |    | N        |                       |                |            | AM            |
|            | EVE   |       | Y | Y |    |          |                       |                |            | AM            |
| 31<br>Aug  | MORN  | Y     |   |   |    |          | SB                    |                |            | JB            |
|            | DAY   | Y     |   |   |    | N        |                       |                |            | AM            |
|            | EVE   |       | Y | N |    |          |                       |                |            | SH AM         |
| 31<br>Sept | MORN  | N     |   |   |    |          |                       |                |            | SH            |
|            | DAY   |       | Y |   |    | N        |                       |                |            | AM            |
|            | EVE   |       | Y | Y |    |          |                       |                |            | AM            |

Pertinent Info: i.e. - Epileptic, Diabetic, Suicidal, Assaultive  
 Meals/SH: Shower - Yes (Y) or No (N), Refused (R)  
 Exercise: Enter actual time period and Inside or Outside  
 Medical: Physician will sign each time the inmate is seen.  
 Psych: Psychological Counselor will sign each time the inmate is seen.  
 Comments: i.e. - Conduct, attitude \*Use reverse side for additional comments and include date, signature, and title.  
 OIC Signature: OIC must sign all record sheets each shift.

ADOC Form 434-A, December 22, 2004

W.C. Holman CF  
(INSTITUTION)

### SEGREGATION UNIT RECORD SHEET

INMATE NAME: Maples, Corey AIS NO. W-21024 CELL: G-210  
 VIOLATION OR REASON: \_\_\_\_\_ ADMITTANCE AUTH. BY: \_\_\_\_\_  
 DATE & TIME RECEIVED: \_\_\_\_\_ DATE & TIME RELEASED: \_\_\_\_\_  
 PERTINENT INFORMATION: \_\_\_\_\_

| DATE | SHIFT | MEALS |   |   | SH | EXERCISE | MEDI<br>-CAL<br>VISIT | PSYCH<br>VISIT | COMMENTS * | OIC SIGNATURE |
|------|-------|-------|---|---|----|----------|-----------------------|----------------|------------|---------------|
|      |       | B     | D | S |    |          |                       |                |            |               |
| 8/12 | MORN  | Y     |   |   |    |          |                       |                |            | AM            |
|      | DAY   | Y     | Y |   | N  |          |                       |                |            | AM            |
|      | EVE   |       | Y | Y |    |          |                       |                |            | AM            |
| 8/13 | MORN  | Y     |   |   |    |          | CO                    |                |            | AM            |
|      | DAY   | Y     | Y |   | N  |          |                       |                |            | AM            |
|      | EVE   |       | Y | N |    | SB       |                       | m              |            | AM SH LP      |
| 8-14 | MORN  | N     |   |   | N  |          |                       |                |            | SH            |
|      | DAY   |       | Y |   |    |          | SB                    |                |            | TV            |
|      | EVE   |       | Y | Y |    |          |                       |                |            | TV SH LP      |
| 8-15 | MORN  | Y     |   |   | N  |          | CO                    |                |            | SH            |
|      | DAY   | Y     | Y |   | N  |          |                       |                |            | TD            |
|      | EVE   |       | Y | N |    |          |                       |                |            | TD            |
| 8-16 | MORN  | Y     |   |   | N  |          | CO                    |                |            | SB            |
|      | DAY   | Y     | Y |   | N  |          |                       |                |            | TD            |
|      | EVE   |       | Y | N |    | SB       |                       | m              |            | TD LP         |
| 8/17 | MORN  | Y     |   |   | Y  |          | SB                    |                |            | TD            |
|      | DAY   | Y     | Y |   | N  |          |                       |                |            | TD            |
|      | EVE   |       | Y |   |    |          |                       |                |            | TD LP         |
| 8/18 | MORN  | Y     |   |   | N  |          |                       |                |            | PS            |
|      | DAY   | Y     | Y |   | N  |          |                       |                |            | AM            |
|      | EVE   |       | Y |   |    |          |                       |                |            | AM LP         |

Pertinent Info: i.e. - Epileptic, Diabetic, Suicidal, Assaultive

Meals/SH Shower - Yes (Y) or No (N), Refused (R)

Exercise: Enter actual time period and Inside or Outside

Medical: Physician will sign each time the inmate is seen.

Psych: Psychological Counselor will sign each time the inmate is seen.

Comments: i.e. - Conduct, attitude \*Use reverse side for additional comments and include date, signature, and title.

OIC Signature: OIC must sign all record sheets each shift.

ADOC Form 434-A, December 22, 2004

W.C. Holman CF  
(INSTITUTION)

### SEGREGATION UNIT RECORD SHEET

INMATE NAME: Maples Coray AIS NO. W-21624 CELL: G-216  
 VIOLATION OR REASON: \_\_\_\_\_ ADMITTANCE AUTH. BY: \_\_\_\_\_  
 DATE & TIME RECEIVED: \_\_\_\_\_ DATE & TIME RELEASED: \_\_\_\_\_  
 PERTINENT INFORMATION: \_\_\_\_\_

| DATE | SHIFT | MEALS |   |   | SH | EXERCISE | MEDI<br>-CAL<br>VISIT | PSYCH<br>VISIT | COMMENTS * | OIC SIGNATURE |
|------|-------|-------|---|---|----|----------|-----------------------|----------------|------------|---------------|
|      |       | B     | D | S |    |          |                       |                |            |               |
| 6/17 | MORN  |       |   |   |    |          |                       |                |            |               |
|      | DAY   |       |   |   |    |          |                       |                |            |               |
|      | EVE   |       |   |   | N  |          |                       |                |            | TS            |
| 6/18 | MORN  |       |   |   |    |          |                       |                |            | TS            |
|      | DAY   | Y     | Y |   | N  |          |                       |                |            | AM            |
|      | EVE   |       | Y | Y |    | POD      |                       | MY             |            | AM Deey       |
| 6/19 | MORN  | Y     |   |   | N  |          |                       |                |            | SH Deey       |
|      | DAY   |       |   |   |    |          |                       |                |            | SH Deey       |
|      | EVE   |       |   |   | Y  |          |                       |                |            | SH Deey       |
| 6/20 | MORN  | Y     |   |   | N  |          |                       |                |            | SH Deey       |
|      | DAY   |       | Y |   | N  |          | MB                    |                |            | SH Deey       |
|      | EVE   |       | Y | Y | N  |          |                       |                |            | SH Deey       |
| 6/21 | MORN  | Y     |   |   |    |          |                       |                |            | SH Deey       |
|      | DAY   |       |   |   |    |          |                       |                |            | SH Deey       |
|      | EVE   |       |   |   |    |          |                       |                |            | SH Deey       |
| 6/22 | MORN  |       |   |   |    |          |                       |                |            | SH Deey       |
|      | DAY   | Y     |   |   | R  |          |                       |                |            | SH Deey       |
|      | EVE   |       | Y | N |    | JS       |                       | @ net          |            | SH Deey       |
| 6/23 | MORN  | Y     |   |   | N  |          |                       |                |            | SH Deey       |
|      | DAY   |       |   |   |    |          |                       |                |            | SH Deey       |
|      | EVE   |       |   |   | Y  | JS       |                       | @ net          |            | SH Deey       |

Pertinent Info: i.e. - Epileptic, Diabetic, Suicidal, Assaultive

Meals/SH: Shower - Yes (Y) or No (N), Refused (R)

Exercise: Enter actual time period and Inside or Outside

Medical: Physician will sign each time the inmate is seen.

Psych: Psychological Counselor will sign each time the inmate is seen.

Comments: i.e. - Conduct, attitude \* Use reverse side for additional comments and include date, signature, and title.

OIC Signature: OIC must sign all record sheets each shift.

ADOC Form 434-A, December 22, 2004

**ALABAMA DEPARTMENT OF CORRECTIONS  
SEGREGATION UNIT RECORD SHEET  
INSTITUTION: W. C. HOLMAN 2019**

INMATE NAME: Maples, CoreyAIS NO. W/MZ624 CELL: G-26

VIOLATION OR REASON: \_\_\_\_\_

ADMITTANCE AUTH. BY: \_\_\_\_\_

DATE &amp; TIME RECEIVED: \_\_\_\_\_

DATE &amp; TIME RELEASED: \_\_\_\_\_

PERTINENT INFORMATION: \_\_\_\_\_

| DATE | SHIFT  | MEALS |   |   | SH | EXERCISE | MEDI<br>-CAL<br>VISIT | PSYCH<br>VISIT | COMMENTS * | OIC SIGNATURE |
|------|--------|-------|---|---|----|----------|-----------------------|----------------|------------|---------------|
|      |        | B     | D | S |    |          |                       |                |            |               |
| 2-17 | 1 MORN | Y     |   |   | N  |          |                       |                |            | SH            |
|      | DAY    |       |   |   |    |          |                       |                |            | SH            |
|      | EVE    |       |   |   | N  |          |                       |                |            | SH            |
| 2-18 | 2 MORN | Y     |   |   | N  |          |                       |                |            | SH            |
|      | DAY    |       |   |   |    |          |                       | DB             |            | SH            |
|      | EVE    |       |   | Y | Y  |          |                       |                |            | SH            |
| 2-19 | 3 MORN | Y     |   |   | N  | N        |                       |                |            | SH            |
|      | DAY    |       | Y |   | N  | N        |                       | SB             |            | SH            |
|      | EVE    |       |   | Y | Y  |          |                       |                |            | SH            |
| 2-20 | 4 MORN | Y     |   |   |    |          |                       |                |            | SH            |
|      | DAY    |       | Y |   |    |          |                       | DB             |            | SH            |
|      | EVE    |       |   | Y | Y  |          |                       |                |            | SH            |
| 2-21 | 5 MORN | Y     |   |   | N  |          |                       |                |            | SH            |
|      | DAY    |       | Y |   |    |          |                       | DB             |            | SH            |
|      | EVE    |       |   | Y | N  |          |                       |                |            | SH            |
| 2-22 | 6 MORN | N     |   |   | N  |          |                       | SB             | KAP        | SH            |
|      | DAY    |       | Y |   |    |          |                       |                |            | SH            |
|      | EVE    |       |   | Y | Y  |          |                       |                |            | SH            |
| 2-23 | 7 MORN | Y     |   |   |    |          |                       |                |            | SH            |
|      | DAY    |       |   |   |    |          |                       |                |            | SH            |
|      | EVE    |       |   |   |    |          |                       |                |            | SH            |

**Pertinent Info:** Record such information as, i.e. - Epileptic, Diabetic, Suicidal, Assaultive.  
**Meals/SH:** Enter Y for Yes, N for No, or R for Refused.

**Exercise:** Enter the actual time period and where it was taken, Inside or Outside.

**Medical:** Medical staff will sign each time the inmate is seen.

**Psych:** A Mental Health Professional will sign each time the inmate is seen.

**Comments:** Record such information as, i.e. - conduct, attitude

\*Use the reverse side of the form for additional comments and include date, signature, and title.

**OIC Signature:** The OIC must sign all record sheets each shift.

ADOC Form 434-A, February 22, 2016

**ALABAMA DEPARTMENT OF CORRECTIONS  
SEGREGATION UNIT RECORD SHEET**  
INSTITUTION: Holman 2018

INMATE NAME: Maples Corey  
VIOLATION OR REASON:  
DATE & TIME RECEIVED  
PERTINENT INFORMATION:

INMATE NO. W/Z-624 CELL: G-26  
ADMITTANCE AUTH BY:  
DATE & TIME RELEASED

| DATE | SHIFT | MEALS |   |   | SH | EXERCISE | MEDI-CAL VISIT | PSYCH VISIT | COMMENTS * | OIC SIGNATURE |
|------|-------|-------|---|---|----|----------|----------------|-------------|------------|---------------|
|      |       | B     | D | S |    |          |                |             |            |               |
| 9/2  | MORN  | Y     |   |   |    |          |                |             |            | <i>Cu</i>     |
|      | DAY   | Y     |   |   |    |          |                |             |            |               |
|      | EVE   |       |   |   | N  |          |                |             |            |               |
| 9-3  | MORN  | N     |   |   | N  |          |                |             |            | SH            |
|      | DAY   | Y     |   |   | N  |          |                |             |            | SH            |
|      | EVE   | Y     | Y |   |    |          |                |             |            | CAC           |
| 9-4  | MORN  | Y     |   |   | Y  |          |                |             |            | B             |
|      | DAY   | Y     | Y |   | N  |          |                |             |            | B             |
|      | EVE   | Y     | Y |   |    |          |                |             |            | CAC           |
| 9/5  | MORN  |       |   |   |    |          |                | CO          |            |               |
|      | DAY   | Y     | Y |   |    |          |                |             |            |               |
|      | EVE   | Y     | Y |   |    |          |                |             |            | DW SH         |
| 9-6  | MORN  | Y     |   |   | N  |          |                | CO          |            | SH            |
|      | DAY   | Y     | Y |   | N  |          |                |             |            | SH            |
|      | EVE   | Y     | Y | N |    |          |                |             |            | AM SH         |
| 9-7  | MORN  | N     |   |   | N  |          |                | SB          |            | SH            |
|      | DAY   | Y     | Y |   | N  |          |                |             |            | SH            |
|      | EVE   | Y     | Y |   |    |          |                |             |            | CAC           |
| 9-8  | MORN  | Y     |   |   |    |          |                |             |            | SH            |
|      | DAY   | Y     |   |   |    |          |                |             |            | SH            |
|      | EVE   |       |   |   |    |          |                |             |            |               |

Pertinent Info: Record such information as, i.e. - Epileptic, Diabetic, Suicidal, Assaultive.  
Meals/SH: Enter Y for Yes, N for No, or R for Refused.

Exercise: Enter the actual time period and where it was taken, Inside or Outside.

Medical: Medical staff will sign each time the inmate is seen.

Psych: A Mental Health Professional will sign each time the inmate is seen.

Comments: Record such information as, i.e. - conduct, attitude

\*Use the reverse side of the form for additional comments and include date, signature, and title.

OIC Signature: The OIC must sign all record sheets each shift.

ADOC Form 434-A, February 22, 2016



W.C. Holman CF  
(INSTITUTION)

### SEGREGATION UNIT RECORD SHEET

INMATE NAME: Maples, Corey AIS NO. W-21024 CELL: G-210  
 VIOLATION OR REASON: \_\_\_\_\_ ADMITTANCE AUTH. BY: \_\_\_\_\_  
 DATE & TIME RECEIVED: \_\_\_\_\_ DATE & TIME RELEASED: \_\_\_\_\_  
 PERTINENT INFORMATION: \_\_\_\_\_

| DATE | SHIFT | MEALS |   |   | SH | EXERCISE | MEDI<br>-CAL<br>VISIT | PSYCH<br>VISIT | COMMENTS * | OIC SIGNATURE |
|------|-------|-------|---|---|----|----------|-----------------------|----------------|------------|---------------|
|      |       | B     | D | S |    |          |                       |                |            |               |
| 2/25 | MORN  | Y     |   |   |    |          |                       |                |            | MS            |
|      | DAY   | Y     | Y |   | N  |          |                       |                | Rain       | MS            |
|      | EVE   |       | Y |   | Y  |          |                       |                |            |               |
| 2/26 | MORN  | Y     |   |   |    |          |                       |                |            | MS            |
|      | DAY   | Y     | Y |   | N  |          |                       |                |            | MS            |
|      | EVE   |       | Y | N |    | YUB      |                       |                | mm         | SH Day        |
| 2/27 | MORN  | Y     |   |   | N  |          |                       |                |            | SH Day        |
|      | DAY   |       | Y | Y |    |          |                       |                |            | SH Day        |
|      | EVE   |       | Y | Y |    |          |                       |                |            | SH Day        |
| 2/28 | MORN  | N     |   |   | N  |          |                       |                |            | SH Day        |
|      | DAY   |       | Y | Y |    |          |                       |                |            | SH Day        |
|      | EVE   |       | Y | Y |    |          |                       |                |            | SH Day        |
| 3/1  | MORN  | N     |   |   |    |          |                       |                |            | SH Day        |
|      | DAY   |       | Y | Y | N  |          |                       |                |            | SH Day        |
|      | EVE   |       | Y | Y |    | YUB      |                       |                | mm         | SH Day        |
| 3/2  | MORN  | Y     |   |   |    |          |                       |                |            | SH Day        |
|      | DAY   |       | Y | Y |    |          |                       |                |            | SH Day        |
|      | EVE   |       | Y | N |    | YUB      | SB                    |                | mm         | SH Day        |
| 3/3  | MORN  | N     |   |   | N  |          |                       |                |            | SH Day        |
|      | DAY   |       | Y | Y |    |          |                       |                |            | SH Day        |
|      | EVE   |       | Y | Y |    |          |                       |                |            | SH Day        |

Pertinent Info: i.e. - Epileptic, Diabetic, Suicidal, Assaultive

Meals/SH: Shower - Yes (Y) or No (N). Refused (R)

Exercise: Enter actual time period and Inside or Outside

Medical: Physician will sign each time the inmate is seen.

Psych: Psychological Counselor will sign each time the inmate is seen.

Comments: i.e. - Conduct, attitude \*Use reverse side for additional comments and include date, signature, and title.

OIC Signature: OIC must sign all record sheets each shift.

ADOC Form 434-A, December 22, 2004



ALABAMA DEPARTMENT OF CORRECTIONS  
SEGREGATION UNIT RECORD SHEET  
INSTITUTION: Holman 2018

INMATE NAME: Maples Corey AIS NO. W/Z-624 CELL: G-26  
 VIOLATION OR REASON: \_\_\_\_\_ ADMITTANCE AUTH BY: \_\_\_\_\_  
 DATE & TIME RECEIVED: \_\_\_\_\_ DATE & TIME RELEASED: \_\_\_\_\_  
 PERTINENT INFORMATION: \_\_\_\_\_

| DATE | SHIFT | MEALS |   |   | SH | EXERCISE | MEDI<br>-CAL<br>VISIT | PSYCH<br>VISIT | COMMENTS * | OIC SIGNATURE           |
|------|-------|-------|---|---|----|----------|-----------------------|----------------|------------|-------------------------|
|      |       | B     | D | S |    |          |                       |                |            |                         |
| 2/18 | MORN  | Y     |   |   | N  |          |                       |                |            | Cee Day<br>AM<br>AM Day |
|      | DAY   |       | Y |   |    | N        |                       |                |            |                         |
|      | EVE   |       |   | Y |    |          |                       |                |            |                         |
| 2/19 | MORN  | Y     |   |   |    |          |                       |                |            | CT Day<br>SM            |
|      | DAY   |       | Y |   |    | R        |                       |                |            |                         |
|      | EVE   |       |   | Y | Y  |          |                       |                |            |                         |
| 2/20 | MORN  | Y     |   |   |    |          |                       |                |            | YS<br>SM                |
|      | DAY   |       | Y |   |    | N        |                       |                |            |                         |
|      | EVE   |       |   | Y |    |          | ✓SO                   |                | 0 med      |                         |
| 2/21 | MORN  |       |   |   |    |          |                       |                |            | SH Day<br>mi            |
|      | DAY   |       |   |   |    |          |                       |                |            |                         |
|      | EVE   |       |   |   | Y  |          | ✓B                    |                |            |                         |
| 2/22 | MORN  | Y     |   |   | N  |          |                       |                |            | SH Day<br>mi            |
|      | DAY   |       |   |   |    |          |                       |                |            |                         |
|      | EVE   |       |   |   | N  |          | ✓B                    |                |            |                         |
| 2/23 | MORN  | Y     |   |   | N  |          |                       |                |            | SH Day<br>SM            |
|      | DAY   |       | Y |   |    | N        |                       |                |            |                         |
|      | EVE   |       |   | Y |    |          |                       |                |            |                         |
| 2/24 | MORN  | Y     |   |   |    |          |                       |                |            | YS                      |
|      | DAY   |       | Y |   |    |          |                       |                |            |                         |
|      | EVE   |       |   |   |    |          |                       |                |            |                         |

Pertinent Info: Record such information as, i.e. - Epileptic, Diabetic, Suicidal, Assaultive.  
 Meals/SH: Enter Y for Yes, N for No, or R for Refused.

Exercise: Enter the actual time period and where it was taken, Inside or Outside.

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Psych: A Mental Health Professional will sign each time the inmate is seen.

Comments: Record such information as, i.e. - conduct, attitude

\*Use the reverse side of the form for additional comments and include date, signature, and title.

OIC Signature: The OIC must sign all record sheets each shift.

ADOC Form 434-A, February 22, 2016

# ALABAMA DEPARTMENT OF CORRECTIONS SEGREGATION UNIT RECORD SHEET

INSTITUTION: Holman Correctional Facility 2018
 INMATE NAME: Maples, Corey AIS NO: W/2 624 CELL: G-26  
 VIOLATION OR REASON: \_\_\_\_\_ ADMITTANCE AUTH. BY: \_\_\_\_\_  
 DATE & TIME RECEIVED: \_\_\_\_\_ DATE & TIME RELEASED: \_\_\_\_\_  
 PERTINENT INFORMATION: \_\_\_\_\_

| DATE | SHIFT | MEALS |   |   | SH | EXERCISE | MEDICAL VISIT | PSYCH VISIT | COMMENTS * | OIC SIGNATURE |
|------|-------|-------|---|---|----|----------|---------------|-------------|------------|---------------|
|      |       | B     | D | S |    |          |               |             |            |               |
| 3-4  | MORN  | Y     |   |   | N  |          |               |             |            | SH Day        |
|      | DAY   |       |   |   |    | N        |               |             |            |               |
|      | EVE   |       |   | Y | N  |          | Y             |             | 0 med      | SH Day        |
| 3-5  | MORN  | Y     |   |   | N  |          |               |             |            | SH Day        |
|      | DAY   |       | Y |   |    | N        |               | SB          |            |               |
|      | EVE   |       | Y |   |    |          | Y             |             | mw         |               |
| 3-6  | MORN  |       |   |   |    |          |               |             |            |               |
|      | DAY   |       | Y |   |    | N        |               |             | Rain       | Am            |
|      | EVE   |       | Y |   |    |          | Y             |             | 0 med      |               |
| 3-7  | MORN  | Y     |   |   |    |          |               |             |            | LB            |
|      | DAY   |       | Y |   |    | R        |               |             |            | Am            |
|      | EVE   |       | Y | Y |    |          |               |             |            | Am SH Day     |
| 3-8  | MORN  | Y     |   |   | N  |          |               |             |            | SH Day        |
|      | DAY   |       | Y |   |    | N        |               |             | Below 32"  | Am            |
|      | EVE   |       | Y | Y | N  |          | Y             |             | mw         | Am 3/20       |
| 3-9  | MORN  | Y     |   |   | N  |          |               |             |            | SH Day        |
|      | DAY   |       | Y |   |    | N        |               | SB          |            | Am            |
|      | EVE   |       | Y |   |    |          |               |             |            |               |
| 3-10 | MORN  | Y     |   |   |    |          |               |             |            | Am            |
|      | DAY   |       | Y |   |    | R        |               |             |            | Am            |
|      | EVE   |       | Y |   |    |          |               |             |            | Am            |

Pertinent Info: Record such information as, i.e. - Epileptic, Diabetic, Suicidal, Assaultive.  
 Meals/SH: Enter Y for Yes, N for No, or R for Refused.

Exercise: Enter the actual time period and where it was taken, Inside or Outside.

Medical: Medical staff will sign each time the inmate is seen.

Psych: A Mental Health Professional will sign each time the inmate is seen.

Comments: Record such information as, i.e. - conduct, attitude

\*Use the reverse side of the form for additional comments and include date, signature, and title.

OIC Signature: The OIC must sign all record sheets each shift.

ADOC Form 434-A, February 22, 2016

ALABAMA DEPARTMENT OF CORRECTIONS  
SEGREGATION UNIT RECORD SHEET  
INSTITUTION: **W. C. HOLMAN**, 2018

INMATE NAME: Maples, Corey AIS NO. W/2624 CELL: G-26  
VIOLATION OR REASON: \_\_\_\_\_ ADMITTANCE AUTH BY: \_\_\_\_\_  
DATE & TIME RECEIVED: \_\_\_\_\_ DATE & TIME RELEASED: \_\_\_\_\_  
PERTINENT INFORMATION: \_\_\_\_\_

| DATE  | SHIFT | MEALS |   |   |    | EXERCISE | MEDI-CAL VISIT | PSYCH VISIT | COMMENTS | OIC SIGNATURE |
|-------|-------|-------|---|---|----|----------|----------------|-------------|----------|---------------|
|       |       | B     | D | S | SH |          |                |             |          |               |
| 11-11 | MORN  | Y     |   |   | N  |          |                |             |          | SH            |
|       | DAY   |       |   |   |    |          |                |             |          |               |
|       | EVE   |       |   |   | N  |          |                |             |          |               |
| 11-12 | MORN  | N     |   |   | N  |          |                |             |          | SH            |
|       | DAY   |       | Y |   |    | N        |                |             |          | SH            |
|       | EVE   |       | Y | Y | N  |          |                |             |          | SH            |
| 11-13 | MORN  | Y     |   |   |    |          |                |             |          | SH            |
|       | DAY   | Y     | Y |   | N  |          | SB             |             |          | SH            |
|       | EVE   |       | Y | Y | N  |          |                |             |          | SH            |
| 11-14 | MORN  | Y     |   |   |    |          |                |             |          | SH            |
|       | DAY   | Y     | Y |   | N  |          | DB             |             |          | SH            |
|       | EVE   |       | Y | Y |    |          |                |             |          | SH            |
| 11-15 | MORN  | Y     |   |   | N  |          |                |             |          | SH            |
|       | DAY   | Y     | N |   |    |          |                |             |          | SH            |
|       | EVE   |       | Y | N |    |          | DB             |             |          | SH            |
| 11-16 | MORN  | N     |   |   | N  |          |                |             |          | SH            |
|       | DAY   |       | Y |   |    |          | SB             |             |          | SH            |
|       | EVE   |       | Y |   |    |          |                |             |          | SH            |
| 11-17 | MORN  |       |   |   |    |          |                |             |          | SH            |
|       | DAY   |       |   |   |    |          |                |             |          | SH            |
|       | EVE   |       |   |   |    |          |                |             |          | SH            |

Pertinent Info: Record such information as, i.e. - Epileptic, Diabetic, Suicidal, Assaultive.  
Meals/SH: Enter Y for Yes, N for No, or R for Refused.  
Exercise: Enter the actual time period and where it was taken, Inside or Outside.  
Medical: Medical staff will sign each time the inmate is seen.  
Psych: A Mental Health Professional will sign each time the inmate is seen.  
Comments: Record such information as, i.e. - conduct, attitude  
\*Use the reverse side of the form for additional comments and include date, signature, and title.  
OIC Signature: The OIC must sign all record sheets each shift.

ADOC Form 434-A, February 22, 2016

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AR 434 - February 22, 2016

ALABAMA DEPARTMENT OF CORRECTIONS  
SEGREGATION UNIT RECORD SHEET  
INSTITUTION: **W. C. HOLMAN**, 2018

INMATE NAME: Maples, Corey AIS NO. W12624 CELL: G-26  
VIOLATION OR REASON: \_\_\_\_\_ ADMITTANCE AUTH. BY: \_\_\_\_\_  
DATE & TIME RECEIVED: \_\_\_\_\_ DATE & TIME RELEASED: \_\_\_\_\_  
PERTINENT INFORMATION: \_\_\_\_\_

| DATE  | SHIFT | MEALS |   |   |  | SH | EXERCISE | MEDI-CAL VISIT | PSYCH VISIT | COMMENTS* | OIC SIGNATURE |
|-------|-------|-------|---|---|--|----|----------|----------------|-------------|-----------|---------------|
|       |       | B     | D | S |  |    |          |                |             |           |               |
| 11-25 | MORN  | Y     |   |   |  | N  |          |                |             |           |               |
|       | DAY   |       |   |   |  |    |          |                |             |           |               |
|       | EVE   |       |   |   |  | N  |          |                |             |           | SH            |
| 11-26 | MORN  | Y     |   |   |  |    |          |                |             |           | RE            |
|       | DAY   |       |   |   |  |    |          |                | DB          |           | HB            |
|       | EVE   |       |   |   |  |    |          |                |             |           | AM            |
| 11-27 | MORN  | Y     |   |   |  | N  |          |                |             |           | HB            |
|       | DAY   |       |   |   |  |    |          |                |             |           | AM            |
|       | EVE   |       |   |   |  |    |          |                |             |           | AM            |
| 11-28 | MORN  | Y     |   |   |  | N  |          |                | DB          |           | B             |
|       | DAY   |       |   |   |  |    |          |                |             |           | AM            |
|       | EVE   |       |   |   |  |    |          |                |             |           | AM            |
| 11-29 | MORN  | Y     |   |   |  |    |          |                | DS          |           | AM            |
|       | DAY   |       |   |   |  |    |          |                |             |           | AM            |
|       | EVE   |       |   |   |  |    |          |                |             |           | TV            |
| 11-30 | MORN  | Y     |   |   |  | R  |          |                |             |           | AM            |
|       | DAY   |       |   |   |  |    |          |                |             |           | AM            |
|       | EVE   |       |   |   |  |    |          |                |             |           | AM            |
| 12-1  | MORN  | Y     |   |   |  | N  |          |                |             |           | AM            |
|       | DAY   |       |   |   |  |    |          |                |             |           | AM            |
|       | EVE   |       |   |   |  |    |          |                |             |           | AM            |

Pertinent Info: Record such information as, i.e. - Epileptic, Diabetic, Suicidal, Assaultive.  
Meals/SH: Enter Y for Yes, N for No, or R for Refused.  
Exercise: Enter the actual time period and where it was taken, Inside or Outside.  
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OIC Signature: The OIC must sign all record sheets each shift.

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**ALABAMA DEPARTMENT OF CORRECTIONS  
SEGREGATION UNIT RECORD SHEET**

INSTITUTION: INC Holman

INMATE NAME: Maples, Corey AIS NO. W/2624 CELL: G-26  
 VIOLATION OR REASON: \_\_\_\_\_ ADMITTANCE AUTH. BY: \_\_\_\_\_  
 DATE & TIME RECEIVED: \_\_\_\_\_ DATE & TIME RELEASED: \_\_\_\_\_  
 PERTINENT INFORMATION: \_\_\_\_\_

| DATE      | SHIFT | MEALS |   |   | SH | EXERCISE | MEDI<br>-CAL<br>VISIT | PSYCH<br>VISIT | COMMENTS * | OIC SIGNATURE |
|-----------|-------|-------|---|---|----|----------|-----------------------|----------------|------------|---------------|
|           |       | B     | D | S |    |          |                       |                |            |               |
| 1<br>1/13 | MORN  | Y     |   |   |    |          |                       |                |            | DB            |
|           | DAY   | Y     | N |   | N  |          |                       |                |            | IM            |
|           | EVE   |       |   | Y | Y  |          |                       |                |            |               |
| 2<br>1/14 | MORN  | Y     |   |   |    |          |                       | DB             |            | DB            |
|           | DAY   | Y     |   |   |    |          |                       |                |            |               |
|           | EVE   |       |   |   | N  |          |                       |                |            | SH            |
| 3<br>1/15 | MORN  | N     |   |   | N  |          |                       | SB             |            | SH            |
|           | DAY   |       | Y |   |    |          |                       |                |            | DB            |
|           | EVE   |       | Y | Y | Y  |          |                       |                |            | DB SH         |
| 4<br>1/16 | MORN  | Y     |   |   | N  |          |                       |                |            | SH            |
|           | DAY   | Y     | Y |   | N  | N        |                       | DB             |            | IM            |
|           | EVE   |       | Y | N |    |          |                       |                |            |               |
| 5<br>1/17 | MORN  | Y     |   |   |    |          |                       |                |            | DB            |
|           | DAY   | Y     | N |   | N  | N        |                       | DB             |            | IM            |
|           | EVE   |       | Y | Y | Y  |          |                       |                |            |               |
| 6<br>1/18 | MORN  | Y     |   |   |    |          |                       | SB             |            | DB            |
|           | DAY   | Y     | Y |   |    |          |                       |                |            | DB            |
|           | EVE   |       | Y | N |    |          |                       |                |            | DB SH         |
| 7<br>1/19 | MORN  | Y     |   |   | N  |          |                       |                |            | SH            |
|           | DAY   | Y     | Y |   |    |          |                       |                |            | DB            |
|           | EVE   |       | Y | Y | Y  |          |                       |                |            | DB SH         |

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ADOC Form 434-A, February 22, 2016



**ALABAMA DEPARTMENT OF CORRECTIONS  
SEGREGATION UNIT RECORD SHEET  
INSTITUTION: W. C. HOLMAN 2019**

INMATE NAME: Maples, Corey  
VIOLATION OR REASON: \_\_\_\_\_

ADMITTANCE AUTH. BY: \_\_\_\_\_  
DATE & TIME RECEIVED: \_\_\_\_\_

DATE & TIME RELEASED: \_\_\_\_\_

PERTINENT INFORMATION: \_\_\_\_\_

| DATE | SHIFT | MEALS |   |   | SH | EXERCISE | MEDI<br>-CAL<br>VISIT | PSYCH<br>VISIT | COMMENTS * | OIC SIGNATURE |
|------|-------|-------|---|---|----|----------|-----------------------|----------------|------------|---------------|
|      |       | B     | D | S |    |          |                       |                |            |               |
| 1-20 | MORN  | Y     |   |   | N  |          |                       |                |            | SH            |
|      | DAY   |       | Y |   |    |          |                       |                |            | SH            |
|      | EVE   |       |   | Y | N  |          |                       |                |            | SH            |
| 1-21 | MORN  | Y     |   |   | N  |          |                       |                |            | SH            |
|      | DAY   |       | Y |   | N  |          |                       |                |            | SH            |
|      | EVE   |       |   | Y | N  | N        |                       |                |            | SH            |
| 1-22 | MORN  | Y     |   |   | N  |          |                       | SB             |            | SH            |
|      | DAY   |       | Y |   | N  |          |                       |                |            | SH            |
|      | EVE   |       |   | Y | N  | N        |                       |                |            | SH            |
| 1-23 | MORN  | Y     |   |   |    |          |                       |                |            | SH            |
|      | DAY   |       | Y |   |    |          |                       | SB             |            | SH            |
|      | EVE   |       |   |   | Y  |          |                       |                |            | SH            |
| 1-24 | MORN  | Y     |   |   | N  |          |                       |                |            | SH            |
|      | DAY   |       | Y |   |    |          |                       |                |            | SH            |
|      | EVE   |       |   | Y | N  |          |                       |                |            | SH            |
| 1-25 | MORN  | Y     |   |   | N  |          |                       | SB             |            | SH            |
|      | DAY   |       | Y |   |    |          |                       |                |            | SH            |
|      | EVE   |       |   | Y | Y  |          |                       |                |            | SH            |
| 1-26 | MORN  | Y     |   |   |    |          |                       |                |            | SH            |
|      | DAY   |       |   |   |    |          |                       |                |            | SH            |
|      | EVE   |       |   |   | N  |          |                       |                |            | SH            |

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Maples - DOC  
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**ALABAMA DEPARTMENT OF CORRECTIONS  
SEGREGATION UNIT RECORD SHEET**

INSTITUTION: INC Holman

INMATE NAME: Maples, Corey AIS NO. W/2624 CELL: G-26  
 VIOLATION OR REASON: \_\_\_\_\_ ADMITTANCE AUTH. BY: \_\_\_\_\_  
 DATE & TIME RECEIVED: \_\_\_\_\_ DATE & TIME RELEASED: \_\_\_\_\_  
 PERTINENT INFORMATION: \_\_\_\_\_

| DATE | SHIFT | MEALS |   |   | SH | EXERCISE | MEDI-CAL VISIT | PSYCH VISIT | COMMENTS * | OIC SIGNATURE |
|------|-------|-------|---|---|----|----------|----------------|-------------|------------|---------------|
|      |       | B     | D | S |    |          |                |             |            |               |
| 1/27 | MORN  | Y     |   |   |    |          |                |             | Read Meals | CHE           |
|      | DAY   | Y     | Y |   |    |          |                |             |            |               |
|      | EVE   |       | Y | Y | N  |          |                |             |            |               |
| 1/28 | MORN  | Y     |   |   |    |          |                |             |            |               |
|      | DAY   | Y     | Y |   |    |          |                | DB          |            |               |
|      | EVE   |       | Y | Y | N  |          |                |             |            |               |
| 1/29 | MORN  | Y     |   |   | N  |          |                |             |            |               |
|      | DAY   |       | Y | Y |    |          |                | SB          |            |               |
|      | EVE   |       | Y | Y | Y  |          |                |             |            |               |
| 1/30 | MORN  | Y     |   |   | N  |          |                |             |            |               |
|      | DAY   |       | Y | Y | N  | N        |                | DB          |            |               |
|      | EVE   |       | Y | Y |    |          |                |             |            |               |
| 1/31 | MORN  | Y     |   |   |    |          |                |             |            |               |
|      | DAY   | Y     | Y |   |    |          |                | DB          |            |               |
|      | EVE   |       | Y | Y |    |          |                |             |            |               |
| 2/1  | MORN  | Y     |   |   | Y  | N        |                |             |            |               |
|      | DAY   | Y     | Y |   |    |          |                |             |            |               |
|      | EVE   |       | Y | Y | N  |          |                |             |            |               |
| 2/2  | MORN  | Y     |   |   | N  |          |                |             |            |               |
|      | DAY   | Y     | Y |   |    |          |                |             |            |               |
|      | EVE   |       | Y | Y |    |          |                |             |            |               |

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ADOC Form 434-A, February 22, 2016

**ALABAMA DEPARTMENT OF CORRECTIONS  
SEGREGATION UNIT RECORD SHEET  
INSTITUTION: W. C. HOLMAN 2019**

INMATE NAME: Maples, CoreyAIS NO: W/MZ624 CELL: G-26

VIOLATION OR REASON: \_\_\_\_\_

ADMITTANCE AUTH. BY: \_\_\_\_\_

DATE &amp; TIME RECEIVED: \_\_\_\_\_

DATE &amp; TIME RELEASED: \_\_\_\_\_

PERTINENT INFORMATION: \_\_\_\_\_

| DATE     | SHIFT | MEALS |   |   | SH | EXERCISE | MEDI-CAL VISIT | PSYCH VISIT | COMMENTS * | OIC SIGNATURE |
|----------|-------|-------|---|---|----|----------|----------------|-------------|------------|---------------|
|          |       | B     | D | S |    |          |                |             |            |               |
| 1<br>2-3 | MORN  | Y     |   |   | N  |          |                |             |            | SH            |
|          | DAY   |       | Y |   |    |          |                |             |            | B)            |
|          | EVE   |       |   | Y | N  |          |                |             |            | B) SH         |
| 2<br>2-4 | MORN  | Y     |   |   | N  |          |                | DB          |            | SH            |
|          | DAY   |       | Y |   | N  | N        |                |             |            | LM            |
|          | EVE   |       |   | Y | Y  |          |                |             |            |               |
| 3<br>2-5 | MORN  | Y     |   |   |    |          |                |             |            | SH CATE       |
|          | DAY   |       | Y |   |    |          |                | SB          |            | B)            |
|          | EVE   |       |   | Y |    |          |                |             |            | DB            |
| 4<br>2-6 | MORN  | Y     |   |   |    |          |                |             |            | SH CATE       |
|          | DAY   |       | Y |   |    |          |                |             |            | SH            |
|          | EVE   |       |   |   | Y  |          |                |             |            | B) SH         |
| 5<br>2-7 | MORN  | Y     |   |   | N  |          |                |             |            | SH            |
|          | DAY   |       | Y |   |    |          |                | DB          |            | B) SH         |
|          | EVE   |       |   | Y | N  |          |                |             |            | LM            |
| 6<br>2-8 | MORN  | Y     |   |   | N  |          |                |             |            | SH            |
|          | DAY   |       | Y |   | N  | N        |                | SB          |            | LM            |
|          | EVE   |       |   | Y |    |          |                |             |            |               |
| 7<br>2-9 | MORN  | Y     |   |   |    |          |                |             |            |               |
|          | DAY   |       | Y |   | N  | N        |                |             |            |               |
|          | EVE   |       |   | Y |    |          |                |             |            | LM            |

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ADOC Form 434-A, February 22, 2016